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President: Mr. Kerim ..... (The former Yugoslav Republic of Macedonia)

The meeting was called to order at 3.05 p.m.

High-level meeting on a comprehensive review of the progress achieved in realizing the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS

Agenda item 44 (*continued*)

Implementation of the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS

Report of the Secretary-General (A/62/780)

Note by the President of the General Assembly (A/62/CRP.1 and Corr.1)

The President: There are still 79 names on the list of speakers. In order to accommodate all the speakers for the high-level meeting, I would like to strongly appeal to speakers to limit their statements to five minutes.

The next speaker on my list is His Excellency Mr. Liu Qian, Vice-Minister of Health of China.

Mr. Liu Qian (China) (*spoke in Chinese*): The Chinese delegation aligns itself with the statement of Antigua and Barbuda on behalf of the Group of 77 and China.

The Chinese Government attaches great importance to people's health and earnestly fulfils its commitment to the international community. In recent years, the Chinese Government established the State Council AIDS Working Committee Office, promulgated regulations on the prevention and treatment of HIV/AIDS and formulated China's Action Plan for Reducing and Preventing the Spread of HIV/AIDS for the period from 2006 to 2010, in which the policy of "Four Frees and One Care" has been put forward.

The policy consists of the following aspects: first, to provide AIDS patients with free antiretroviral treatment and either free or low-cost treatment against opportunistic infections; secondly, to provide free voluntary counselling and testing; thirdly, to provide AIDS-infected pregnant women with free treatment and counselling about the prevention of mother-to-child transmission; fourthly, to provide AIDS orphans with free education; and fifthly, to provide assistance to poor people living with HIV, poor AIDS patients and their families.

In addition, we have increased funding for HIV/AIDS prevention and treatment to about $100 million per year. A working mechanism on HIV/AIDS prevention and treatment has taken shape, characterized by Government leadership, division of labour among the relevant departments and social participation. Here, I would like to provide a brief account of China's efforts in HIV/AIDS prevention and treatment.

First, we have broadened the coverage of antiretroviral treatment and prevention of mother-to-child transmission. By April 2008, we had provided antiretroviral treatment to over 45,000 adult AIDS patients and over 900 children nationwide,

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substantially reducing fatality rates and prolonging patients' lives. Thanks to the scaled-up prevention of mother-to-child transmission, the infection rate through mother-to-child transmission has dropped by nearly 60 per cent.

Secondly, we tap the potential of traditional Chinese medicine to treat HIV/AIDS. By March 2008, we had treated some 8,000 AIDS patients with Chinese medicine, preventing their conditions from exacerbating rapidly. As a result, more and more patients take antiretroviral therapy on a voluntary basis.

Thirdly, we deliver assistance to those affected by AIDS at the level of families and communities. To assist orphans, and AIDS orphans in particular, the Chinese Government formulated in 2006 preferential policies in nine areas, including their living conditions, education and medical care. China has allocated 50 million yuan to building assistance and accommodation centres for AIDS orphans and has actively searched for an appropriate modality to support AIDS orphans.

Fourthly, we promote scientific studies on HIV/AIDS prevention and treatment. The Chinese Government actively supports HIV/AIDS research. Through molecular epidemiology surveys, we have established the epidemiological patterns of HIV infection in China. We have also vigorously engaged in research on and development of antiretroviral drugs, and on drug resistance and have conducted experiments on modalities to treat and manage AIDS/tuberculosis co-infection.

Fifthly, we have scaled up international cooperation, giving full play to the role of non-governmental organizations. The Chinese Government sets store in international cooperation and exchanges in combating HIV/AIDS. We have launched productive bilateral cooperation with many countries, such as the United Kingdom, the United States and Australia. In addition, we maintain close partnerships with such international organizations as the Joint United Nations Programme on HIV/AIDS and the Global Fund to Fight AIDS, Tuberculosis and Malaria. In addition, numerous international non-governmental organizations, such as the International AIDS Vaccine Initiative, the Bill & Melinda Gates Foundation and the Clinton Foundation have been actively involved in China's HIV/AIDS prevention and treatment efforts.

HIV/AIDS is the enemy of the entire human race, and to defeat it is our shared goal. In the future, China will continue with its policy of "Four Frees and One Care", and reach out to more people in publicity and educational campaigns. By 2010, we hope to reach the goals of over 85 per cent HIV/AIDS awareness in urban areas and 75 per cent in rural areas; 90 per cent coverage of interventions for high risk groups, including intravenous drug users; and provide 70,000 people with antiretroviral therapy. Moreover, China intends to press ahead with scientific studies; in the years to come, hundreds of millions of dollars will be allocated to such key areas as the research and development of vaccines and antiretroviral drugs and molecular epidemiological studies. We stand ready to work with the international community to search for effective strategies and measures for HIV/AIDS prevention and treatment, fulfil the Declaration of Commitment on HIV/AIDS and make contributions to containing the HIV/AIDS epidemic worldwide.

The President: I now give the floor to Her Excellency Ms. Jeanette Vega, Deputy Minister of Health of Chile.

Ms. Vega (Chile) (*spoke in Spanish*): Chile endorses the statements of the representative of Antigua and Barbuda, on behalf of the Group of 77 and China, and the Minister of Health of Mexico, on behalf of the Rio Group.

On behalf of the delegation of Chile, composed of representatives of Government, of people living with HIV and of social and non-governmental organizations, I commend the efforts made by the Member States of this Organization once again to place at the centre of the global debate a topic of the importance of HIV/AIDS and our response as a commitment of mankind.

Since the Secretary-General appealed in the Assembly to Member States to assume the commitments whose implementation we are now reviewing, our country has joined other Member States in welcoming his appeal and working to meet the challenges.

Eight years have passed, and we certainly note extremely important progress, especially in the areas of care and access to antiretroviral treatment. But we also note that major challenges and gaps still remain, basically with respect to access to preventive services and treatment. Therefore, the epidemic continues to

spread, showing that the efforts made have not been sufficient to contain it.

On this public health issue, many of the inequities and inequalities in today's world exacerbate the vulnerabilities of people, significantly affecting the poorest countries, particularly those of Africa, the poorest within countries, young people, women, men who have sex with men, refugees, migrants and persons deprived of freedom, among others. Hence there is a need to focus more closely on social factors when dealing with prevention and treatment, tackling the socio-structural causes and inequities between and within countries to find more lasting solutions.

Individual social, cultural and regional realities must be taken into account in order to provide a more effective response to the epidemic, and diversity must be recognized as a cultural asset. That creates a need for information reflecting the various realities and for ongoing evaluation of the action taken. We need strategic alliances in order to advance towards solving the social problems affecting our societies and, consequently, health policies adapted to our various countries.

We also need more decisive involvement of all the relevant players to achieve the goals. That must become a more cross-cutting issue in society, with greater shared responsibility, involving more social actors, different government sectors and grass-roots organizations.

Our Government regards unrestricted respect for the human rights of people living with HIV/AIDS, and of the most vulnerable populations, as not only a State duty, but also a requirement for making progress in controlling the epidemic. Legal and political conditions must be created for the protection and promotion of human rights, particularly of those most vulnerable to infection.

Chile welcomes the creation of joint bodies and initiatives to combine efforts and resources as a big step forward in the struggle to close the huge economic gap in responses to HIV between the industrialized world and countries with fewer resources.

We attach great importance to the appeal made here for the establishment of the Global Fund to Fight AIDS, Tuberculosis and Malaria. Together with national efforts, this has allowed progress towards a clearer response to the HIV/AIDS epidemic. However, we believe that this initiative results in two challenges that must be confronted: first, the need for the resources to strengthen Governments in their struggle to control the epidemic, rather than contribute to weakening their authority in health matters; and, secondly, the need to create mechanisms for medium- and long-term sustainability, which requires political commitments and resources.

We also stress the commitment of the Rio Group and the Horizontal Technical Cooperation Group of Latin America and the Caribbean on HIV/AIDS, as well as the lead bodies on this issue — the World Health Organization, the Pan American Health Organization and the Joint United Nations Programme on HIV/AIDS — which, in order to achieve universal access to prevention, treatment and care, have voiced the desire for vitally needed more decisive intervention to tackle this problem.

In my country, speedy access to free treatment is guaranteed for 100 per cent of the population. We also guarantee testing and treatment for all pregnant women in order to prevent the vertical transmission of HIV/AIDS.

Lastly, Chile reaffirms its commitment to continue working, with an emphasis on human rights and equity, to stem the AIDS epidemic and cooperate at the international and regional levels, and thus to contribute to the attainment of the Millennium Development Goals and the targets set by the Assembly.

The President: I now give the floor to His Excellency Mr. Paul Richard Ralainirina, Deputy Minister of Health of Madagascar.

Mr. Ralainirina (Madagascar) (*spoke in French*): My delegation welcomes this high-level meeting. Such meetings allow us to assess on a regular basis the implementation of the Declaration of Commitment adopted by the Assembly in June 2001 and to pinpoint the measures needed to give a new impetus to our common action against the scourge of HIV/AIDS.

At the regional level, Madagascar fully endorses the common African position, as well as the position of member states of the Southern African Development Community, and supports the Abuja Declaration of 2006.

During the African consultation of stakeholders in strategic planning, gender and civil society on how

to meet the challenge of HIV/AIDS, held in Madagascar last April, Mr. Marc Ravalomanana, President of the Republic of Madagascar, in order to highlight his permanent commitment, noted a number of barriers to trying to deal with HIV/AIDS: first, the poor quality of the health-care system and poor universal access to preventive care, treatment and support, due to lack of quality resources; secondly, the lack of truly engaged leadership in effective management of the response; and, thirdly, weak coordination, partnership and accountability. Those barriers, and a number of others, are well described in the Secretary-General's excellent report, on which I congratulate him.

Our authorities have always responded to the calls for strong leadership and the commitment and investment of all, each at its own level; for encouraging the development of solutions to remove socio-economic obstacles to universal access to prevention, treatment, care and support; and for attainment of the Millennium Development Goals.

The response includes national ownership, by implementing new prevention and control initiatives, through strategies based on proof, implementation of an integrated prevention package, the use of referral doctors and psycho-social associations to help people living with HIV/AIDS, and a multisectoral partnership; strengthened machinery to fight the sexually transmitted infections that give HIV an entry point; the establishment of solidarity funds to support individuals living with HIV; decentralization of management of the response, with implementation of an approach focused on communities according to their degree of vulnerability; adoption of laws and regulations protecting people living with HIV, as well as vulnerable groups, against all forms of discrimination and exploitation; and strengthening communication activities, focused on initiatives and actions which assist local and remote intervention.

As a result of those measures, our HIV prevalence rate remains at less than 1 per cent. However, we need to go beyond the figures and make vigilance our sole rule of conduct.

Madagascar is convinced that we need to speak the same language and take equal steps, at the same pace, with strong leadership at all levels. In terms of financial partners, we need to consider support for the response to HIV/AIDS as a true long-term investment, whatever the prevalence rate in question may be. We must also overcome the causes of the epidemic at the national, regional and international levels, developing and coordinating the most appropriate strategies, particularly in terms of prevention, and strengthen the partnership with the private sector and civil society in the response. Last, but not least, we need to improve the health service on offer, while reducing the cost to recipients.

Everything that we have been developing can be summed up in a few words: strategic vision and a long-term outlook; political will; active solidarity; and tenacity in the face of all trials. Let us open our hearts to these noble sentiments and equip ourselves with these key tools.

I am convinced that together we shall vanquish AIDS and allow future generations to avoid a worldwide catastrophe.

The President: I now give the floor to His Excellency Mr. Michael Vit, Deputy Minister of Health of the Czech Republic.

Mr. Vit (Czech Republic): I consider it an honour, as the Deputy Minister of Health of the Czech Republic, to represent the Czech Republic and the National AIDS Programme at this forum.

The Czech Republic has remained a country with a very low incidence of HIV/AIDS in the European and global contexts. By the end of 2007, the cumulative incidence of HIV/AIDS was 102 cases for every million people, while in the capital city of Prague the incidence was more than four times that level.

At the end of 2007, the number of registered cases of HIV/AIDS was more than a thousand. Although, over the years, there has been a kind of feminization of the epidemic, which is increasingly transferred by heterosexual sex — about 54 per cent — our epidemic is still dominated by the transmission of the HIV virus between men who have sex with other men. As of 31 December 2007, men accounted for 79 per cent of the total number of registered HIV/AIDS cases in the Czech Republic.

The Czech Republic is now implementing its fourth medium-term plan for HIV/AIDS, for 2008-2012. At the beginning of 2008, the Czech Government approved an intersectoral programme to tackle HIV/AIDS in the Czech Republic, which delegates more work to other ministries than the

Ministry of Health alone. That reflects the fact that HIV/AIDS is increasingly a problem for society as a whole, and not exclusively a health problem. To monitor the implementation of the medium-term plan, the internationally approved Joint United Nations Programme on HIV/AIDS (UNAIDS) indicators are used, facilitating a global comparison of the achievement of the objectives of the 2001 Declaration of Commitment and the 2006 Political Declaration.

Over the next five years, we will seek to stabilize the HIV/AIDS epidemic in the Czech Republic and reduce the annual increase in new cases of HIV/AIDS, as was the case from 2001 to 2007.

With regard to the Czech Republic's international cooperation, I would like to mention above all our cooperation with UNAIDS. Until last year the Czech Republic was a regular rotating member of its Coordination Board. Within the European Community, representatives of the Czech Republic regularly participate in a think tank and contribute to a number of European Union projects for HIV/AIDS surveillance, resistance to antiretroviral medicines and other fields. The Czech Republic also feels that it has a duty to countries of Eastern Europe and other countries stricken with the HIV/AIDS epidemic, which it seeks to help — for example, with a number of projects and experts, including the United Nations Development Programme.

I believe that this General Assembly meeting will bring new impulses to achieve the international objectives in tackling HIV/AIDS on a global scale.

I realize that there are many positive cases in which integrated intervention in prevention, care and treatment for people infected with HIV has helped to bring the HIV/AIDS epidemic at least partially under control. The Czech Republic is ready to apply those good practice programmes, and I am willing to discuss opportunities for cooperation with it, in bilateral and broader contexts, aimed at limiting the impact of the HIV/AIDS pandemic on the modern world.

The President: I now give the floor to His Excellency Mr. Bahtiyor Niyazmatov, Deputy Minister of Health of Uzbekistan.

Mr. Niyazmatov (Uzbekistan) (*spoke in Russian*): At the outset, I sincerely greet participants in this high-level meeting. It is an honour for me to speak on behalf of the Republic of Uzbekistan.

I believe that our discussion should make an important contribution both to understanding and to finding solutions to one of the most serious problems faced by the whole international community.

The spread of HIV has become a global problem, and our common success in defeating AIDS depends on the contribution of every country. Since the first HIV diagnosis in 1981, the infection has become the foremost global problem, affecting social, economic and demographic aspects of international development.

In taking this opportunity to discuss the problem of HIV/AIDS in an open and constructive manner, I would like to highlight several very important efforts made by the Republic of Uzbekistan.

Protection of the population's health is one of our country's priorities, and has always been at the centre of attention of its leadership. The declaration by Mr. Islam Karimov, President of the Republic of Uzbekistan, of 2005 as the Year of Health, 2006 as the Year of Charity and Medical Workers, 2007 as the Year of Social Protection, and 2008 as the Year of Youth was primarily aimed at mobilizing all knowledge and forces in the sphere of health protection to prevent infectious and non-infectious diseases.

It should be noted that the Republic of Uzbekistan confronted the AIDS problem somewhat later than other countries, and it is currently a comparatively safe country in terms of the spread of HIV.

We pay great attention to protection of the population's health and improvement of standards of living, which are the main priorities of our State's policy and are reflected in the guiding documents of the Republic.

In response to the epidemic, the Government, with the participation of international organizations and non-governmental institutions, is conducting purposeful activities to slow down the spread of HIV/AIDS.

Since 2003 we have had a successful national coordination committee, created under the Cabinet of Ministers, coordinating strategic programmes to counter the spread of HIV/AIDS, malaria and tuberculosis. The committee consists of 25 members representing governmental, public, non-governmental, religious and international organizations. In particular, organizations representing or supporting people living

with HIV contribute greatly to the committee's activities. Its main purpose is to create a tolerant attitude towards HIV-infected people, fight stigmatization and discrimination, and implement the national programme based on United Nations principles.

A unified monitoring and evaluation system to oversee the implementation of strategies in order to stabilize the HIV epidemic has been established.

The national strategic programme on response to HIV/AIDS for 2007-2011 has been in operation since 2003. Its principles are based on Uzbekistan's international commitments stated in the Millennium Development Goals, the 2001 Declaration of Commitment on HIV/AIDS and the 2006 Political Declaration on HIV/AIDS.

The strategic programme for 2007-2011 foresees effective prevention programmes aimed at meeting the needs of vulnerable groups; ensuring access to quality medical care; support for and care of people living with HIV/AIDS, including the provision of antiretroviral therapy; creation of a favourable environment to enable work with vulnerable groups; and protection of the rights of people living with HIV/AIDS.

Since 2001, funding for the fight against AIDS has increased threefold. Access to key prevention and care services has considerably expanded. The Global Fund to Fight AIDS, Tuberculosis and Malaria, as well as our United Nations partner organizations — the Joint United Nations Programme on HIV/AIDS, UNICEF, the United Nations Development Programme, the World Health Organization and the World Bank — implement their projects in the country.

The so-called Mahalla Fund, which belongs to local self-governance, contributes considerably to HIV/AIDS prevention. The Fund is an instrument for the promotion of a healthy lifestyle as a measure to prevent AIDS.

Effective implementation of the HIV/AIDS programme also depends on close cooperation with civil society and non-governmental organizations.

Along with most other Members of the United Nations, in 2001 the Republic of Uzbekistan associated itself with the International Declaration of Commitment on HIV/AIDS, in accordance with which it is associated with common international policy, strategies and approaches to curbing the epidemic.

The Republic of Uzbekistan is also guided by the United Nations "Three Ones" principles: one agreed action framework, one national coordinating authority and one agreed country-level monitoring and evaluation system. I would note that experience gained during implementation of the national programme within the "Three Ones" shows that it does not fully incorporate a number of other important areas. It should be specially noted that funding of some activities does not always meet the country's main HIV/AIDS priorities.

In that context, in the second paragraph of his April report (A/62/780) dealing with the midway point to the Millennium Development Goals, Secretary-General Ban Ki-moon rightly said: "progress in the response to HIV is evident in many regions, reflecting a return on the substantial investments made". But he believes that "this progress is uneven and the expansion of the epidemic itself is often outstripping the pace at which services are being brought to scale". This brings us to "the pressing need for a stronger commitment to HIV prevention".

Taking into account the Secretary-General's view on the need to strengthen the effective management of financial flows from various sources in order to purposefully promote activities aimed at HIV-prevention, Uzbekistan proposes to add to the existing three United Nations principles a fourth: one unified financial mechanism.

Ms. Bethel (Bahamas), Vice-President, took the Chair.

This meeting once again confirms that national strategies to fight HIV/AIDS are on the right track; they prevent further spread of the epidemic and improve the quality of life and life expectancy of people living with HIV/AIDS in Uzbekistan. Approval of our strategy shows appreciation of our activities on the international level.

I once again note that Uzbekistan has created favourable conditions for implementation of the planned activities to fight HIV, and I believe that we will succeed, not only in stabilizing, but in reducing, the spread of HIV/AIDS.

Finally, I wish all participants in this meeting and its organizers productive work and further success in carrying the planned endeavours.

The Acting President: I now give the floor to His Excellency Mr. Thomas Zeltner, State Secretary of Switzerland.

Mr. Zeltner (Switzerland): Switzerland, too, thanks the Secretary-General for his report, which is of great value for our work.

Although we are pleased with the positive developments since 2001, particularly with regard to access to treatment, there are no grounds for complacency. Major challenges remain, particularly in regard to prevention. We must remain vigilant to ensure that multisectoral, systemic and coordinated measures are taken, measures that are evidence-based and guarantee universal access to prevention, treatment, care and support.

There is no doubt that stigma and discrimination continue to worsen the situation of women and children, men who have sex with men, sex workers, drug users and persons suffering from HIV/AIDS and their families. All too frequently, HIV-positive people still face obstacles when seeking employment or wishing to travel. We are one of the countries that think there is no justification for those obstacles.

Switzerland strongly advocates that the promotion and protection of human rights, including rights connected with sexual and reproductive health, as well as gender equality, should be at the heart of all our efforts to fight HIV/AIDS.

If we want to prevent new infections, we must scale up our efforts to ensure that all persons have unrestricted access to education, information, decision-making power, support services, voluntary counselling and testing services and means to protect their sexual and reproductive health — in particular, access to condoms and treatment.

It is also necessary to improve prevention, therapy and harm-reduction measures, such as the distribution of syringes to injecting drug users. We are convinced that, in order to be effective, these efforts must go hand in hand with the strengthening of health systems and national and community capacities to respond to the HIV/AIDS pandemic.

Economic, social, cultural and legal factors that deny fundamental rights to girls and women must be eliminated. In this regard, we emphasize that men and boys have a crucial role to play in achieving gender equality.

Let us also stress the importance of respect for and protection of the rights of millions of children affected and infected by HIV/AIDS. Access of young people to sex education and to sexual and reproductive health services suited to their specific needs is also crucial.

In Switzerland there has been a slight decrease in the prevalence of HIV/AIDS in the past two years, but this masks an ongoing increase in new infections in certain risk groups, particularly among men who have sex with men.

With regard to the reduction of risk for intravenous drug users, the success of our strategy has been confirmed. Thanks to an approach that combines prevention programmes, the wide distribution of syringes, offers of treatment that also include the prescription of methadone and heroin, the transmission of HIV/AIDS by blood has been considerably reduced in that group.

At the international level, Switzerland is increasingly integrating the issue of HIV/AIDS in its development cooperation and humanitarian aid activities. In that regard, we are trying to ensure that prevention aspects are given increased attention and that all measures are evidence-based. Among its efforts, Switzerland is working to ensure that children and communities affected by HIV/AIDS, especially in sub-Saharan Africa, benefit from quality psychosocial support and that more weight is given to prevention, both in countries of low prevalence as well as in certain countries where there is a triple threat — HIV/AIDS combined with food insecurity and weak governance.

Switzerland pays tribute to the catalytic role played by the Joint United Nations Programme on HIV/AIDS (UNAIDS), and to the efforts of its 10 sponsors and of many other actors to respond effectively to this pandemic. We also thank and congratulate Peter Piot, the head of UNAIDS, for his formidable leadership in his function. Switzerland takes this opportunity to stress that the different roles and responsibilities should be shared appropriately, particularly with regard to UNAIDS support for the financing processes of the Global Fund. It is also crucial that all measures be coordinated at all levels to ensure sustainable solutions to the remaining challenges.

In conclusion, Switzerland wishes to reiterate its full support for the implementation of the 2001 Declaration of Commitment and the 2006 Political Declaration on HIV/AIDS.

The Acting President: I now give the floor to His Excellency Miguel Fernández Galeano, Deputy Minister of Health of Uruguay.

Mr. Fernández Galeano (Uruguay) (*spoke in Spanish*): Our delegation associates itself with the statement delivered by the Minister from Antigua and Barbuda on behalf of the Group of 77 and China, as well as the statement delivered by the Minister of Mexico on behalf of the Rio Group.

We also express our gratitude to the Secretary-General and agree with his report (A/62/780), in which he details progress achieved in response to HIV/AIDS, while pointing out that that progress is uneven and that the pandemic continues to spread at a faster rate than what is required to achieve internationally agreed goals and to fulfil the Millennium Development Goals.

Uruguay presents a profile of a concentrated epidemic with 0.45 per cent of prevalence among the general population, in contrast with a prevalence significantly higher than 5 per cent among persons in vulnerable situations, especially persons in detention centres, sex workers, drug users, and men who have sex with men.

Uruguay's national strategy in the integrated fight against AIDS is based on a number of strengths. Uruguay maintains inter-institutional dialogue mechanisms between the Government and civil society, as is the case with the National AIDS Commission-Country Coordination Mechanism (CONASIDA-MCP) and the National Advisory Commission on Sexual and Reproductive Health.

Also, high-priority programmes have been established at the national level to act as a regulator in the health system for the high-priority programme covering sexually transmitted diseases and AIDS, the strategic plan validated by CONASIDA-MCP and the national programme of women's health and gender. The agenda of sexual and reproductive rights must certainly include work on HIV/AIDS. Likewise, the work on HIV/AIDS must have a gender equity perspective, emphasizing prevention among women and changing the unequal power relations between men and women.

Uruguay has also defined protocols, norms and clinical guides on HIV/AIDS and on sexual and reproductive health that cover diagnosis, universal treatment, monitoring and advice from an interdisciplinary and comprehensive standpoint. We have also implemented social protection mechanisms and networks to improve the quality of life of people living with HIV, among which are free transportation, food aid and temporary or permanent pensions.

Even though we have been able to advance and strengthen the national response, our country still faces many weaknesses. First of all, we need to improve prevention, medical care and the promotion of healthy lifestyles that include the enjoyment of sexuality without harmful consequences, as well as to develop systematic, timely and suitable information that allows for the identification of critical areas in order to correct actions.

Secondly, we need to overcome the discontinuity of preventive interventions in sexually transmitted diseases, HIV and drug consumption, particularly in border, tourist and port areas.

Thirdly, it is essential to improve preventive interventions in syphilis and HIV and in pregnancy control services, with the aim of reducing the impact of congenital syphilis and the vertical transmission of HIV.

Lastly, our country needs to reinforce its public campaigns with a human rights perspective in order to eliminate all forms of stigmatization and discrimination against persons living with HIV. In that regard, we need to strengthen our national information and awareness programmes in the area of education, the workplace, and social and health services.

Currently, Uruguay has a great opportunity to reverse the epidemic situation and to avoid its expansion. First, our Government has a strong political will to do so. A thorough reform of the national health system based on the principles of universality, quality, sustainability and equity is under way, through a model of comprehensive assistance, strengthening the basic level of assistance and the system of primary health care.

We depend on an active, organized civil society committed to working for the achievement of the right to health for all as a fundamental human right and

demanding accountability from the Government in the fulfilment of its responsibilities and commitments.

Uruguay, as a middle-income country, so far has not received any support from the Global Fund to fight AIDS, Tuberculosis and Malaria. That is why we welcome the eighth-round changes in the criteria for eligibility. That support will be essential to strengthen the country's investment in HIV/AIDS and to build the necessary national capacity that would allow us to implement an effective and sustainable long-term strategy.

We appeal for the support of the United Nations system and its joint programme because only by coordinating the comprehensive responses of the international community will it be possible to stop the expansion of the epidemic and to guarantee the realization of everyone's human rights.

The Acting President: I now give the floor to Her Excellency Mrs. Speciose Baransata, Deputy Minister in Charge of HIV/AIDS of Burundi.

Mrs. Baransata (Burundi) (*spoke in French*): First of all, I would like to thank the President of the General Assembly at its sixty-second session for organizing this high-level meeting to share ideas on finding acceptable, viable and long-term responses with a view to ensuring access to prevention, detection, treatment and care in the context of the HIV/AIDS pandemic.

I take this opportunity to thank and congratulate the Secretary-General of the United Nations and his team for having organized these meetings under resolution 62/178 adopted by the General Assembly on 19 December 2007. We were pleased to see the report of the Secretary-General (A/62/780) on the Declaration of Commitment and the Political Declaration on HIV/AIDS.

I would also like to endorse the statements of the Group of 77 and China, the Group of African States and the Group of Least Developed Countries.

The opportunity to take the floor allows me to present the situation on HIV/AIDS and to describe the efforts of my country to curb the spread of the virus and to deal with infected people, as well as the major challenges that my country is facing.

Burundi is among the African countries that have the most cases of HIV, with an overall prevalence rate of 3.57 per cent. We have a widespread epidemic with an increasing number of women being affected. In the urban and semi-urban centres, the figures are stabilizing, but in the countryside the figures for HIV infection are rising.

Since 2001, when the special session of the General Assembly issued its Declaration, Burundi has established an institutional framework with a multisectoral and decentralized approach. The response is coordinated nationally by the National Council for the Fight against AIDS and its technical arm, the Permanent Secretariat. That structure is decentralized to the lowest level of the administrative hierarchy.

The programmes are implemented by the public sector through various ministries and other public agencies, civil society organizations, which are very active on the ground, and the private sector, which has been a bit late in intervening.

Burundi has acquired a number of tools, including policies, plans and guidelines that guide the action of stakeholders. Among those, I would mention the national strategic plan to fight AIDS for the period 2007-2011, the national follow-up assessment plan, guidelines for delivery of care and various documents on prevention.

Burundi's response to the ravages caused by the AIDS pandemic among individuals, families and communities is a multisectoral strategy involving 12 programmes, which constitute the Plan of Action 2007-2011 and cover four main themes. The first theme is the reduction of sexually transmitted infections, including HIV, by strengthening and broadening prevention; the second is the improved well-being and quality of life of persons living with HIV and persons affected by HIV/AIDS; the third is the reduction of poverty and other causes of vulnerability to HIV; and the fourth is improved management and coordination of the national response. Burundi has adopted that approach because we consider universal access to be the backbone of our policy to combat AIDS and the "Three Ones" as principles among the major conditions for its implementation.

Burundi has also joined international initiatives on HIV/AIDS. Among those, we would note the Declaration of Commitment on HIV/AIDS adopted by the General Assembly at its special session in June 2001; accelerated prevention; the 3 by 5 initiative; and universal access to prevention, treatment, care and

support by 2010. The New Partnership for Africa's Development offers a framework and new opportunities to implement the objectives of the African Union in terms of HIV/AIDS and the Millennium Development Goals. Subregionally, Burundi is an integral part of the Great Lakes Initiative on HIV/AIDS. Nationally, Burundi has waived the tax on antiretroviral drugs since 1999 and declared free access to those drugs for everyone in 2002. We have also joined the International Drug Purchase Facility initiative by enacting legislation to tax airplane tickets.

Burundi's efforts are supported by partners in the fight against the AIDS scourge and have yielded encouraging results, as noted in our report to the Secretary-General. In fact, only Bujumbura, the capital of the country, had six reception centres for the provision of antiretroviral drugs in 2002; today, 53 sites are up and running on the national territory. We had 600 patients receiving antiretroviral drugs in 2002; we now have 12,000. There was one centre for the prevention of mother-to-child HIV/AIDS transmission in Bujumbura; we now have more than 43.

Still, the challenges that remain are immense. With respect to antiretroviral treatment, we are still far from the objective of having at least 200 centres in 2010. More than 16,000 are awaiting treatment today, not to mention the 239,000 infected people who will end up needing treatment. The functioning treatment centres only cover 6 per cent of the estimated needs.

My Government is aware that tremendous efforts are necessary to achieve our ultimate objective, which is to stop new infections and to deal effectively with all of those individuals who are infected and affected. Thanks to our commitment, and with the support of our partners, we will win that wager.

In conclusion, I would like to reiterate my sincere thanks to all partners who support us and to launch an appeal to other donors to help us in our efforts to implement our national strategic plan to fight AIDS.

The Acting President: I now give the floor to His Excellency Mr. Melitón Arce Rodríguez, Deputy Minister of Health of Peru.

Mr. Arce Rodríguez (Peru) (*spoke in Spanish*): It is a great honour for me to address this important forum to briefly present the achievements and the pending challenges in the Peruvian response to the HIV/AIDS epidemic, and to reaffirm the commitment of the Peruvian Government led by Mr. Alan García Pérez and his Minister of Health, economist Hernán Garrido Lecca, to take decisive action to achieve the goals set forth at the special session of the General Assembly and the Millennium Development Goals.

Naturally, Peru associates itself with the statements made in this Assembly by the Minister of Health of Antigua and Barbuda on behalf of the Group of 77 and China, and by the Secretary of Health of Mexico on behalf of the Rio Group.

Since the first case was diagnosed 25 years ago, Peru has been undertaking comprehensive and multisectoral action on behalf of people living with HIV/AIDS and those affected by it. Representatives of several institutions that make up the Multisectoral Committee are accompanying me in this Assembly. With that strength, it has been possible to design a multisectoral strategic plan and to implement it at the national level. Furthermore, that document includes actions against other sexually transmitted infections.

The plan proposes to significantly reduce the current rate of prevalence of HIV of 0.6 per cent among the general population and to reduce the incidence by 50 per cent in the vulnerable population by 2011. The plan also proposes to reduce the vertical transmission from 14 per cent to less than 2 per cent. In that regard, it is our highest aspiration to ensure that children of HIV-positive mothers are not born infected and that mothers and children alike have a dignified life with equal opportunities despite the presence of HIV in their lives. In that respect, it is reassuring to note that the screening of mothers increased from 31 per cent in 2004 to 71 per cent in 2007.

Antiretroviral treatment has been offered free of charge to those who require it. In its first phase, that was possible thanks to the support of the Global Fund and other partners. It is currently underwritten by the national budget. The assistance of the Global Fund and other partners remains necessary; preferably oriented to technical assistance, prevention, and the promotion and strengthening of health services.

The pending agenda is focused on promoting healthy lifestyles and preventing infection. That is a difficult task, but we are carrying it out in close interaction with the education sector, with the active participation of the population as a whole.

At the regional level, Peru is participating in the joint negotiation of the Andean subregion for the purchase of antiretrovirals, which will make it possible to reduce purchase prices and to guarantee the adequate supply of medicine.

I should also add that Peru currently holds the technical secretariat of the Horizontal Technical Cooperation Group, and is responsible for leading that organization's actions, ensuring the implementation of its plan, and representing Latin America and the Caribbean in the regional and global fight against the HIV pandemic.

Lastly, I would like to reiterate the solidarity of the Government and people of Peru with people who live with HIV/AIDS and those affected by the pandemic, expressing to them our commitment to strengthening our national response within a framework of respect for human rights.

The Acting President: I now give the floor to Mr. José Vieira Dias Van-Dúnem, Deputy Minister of Health of Angola.

Mr. Van-Dúnem (Angola): At the outset, allow me to congratulate President Kerim on convening this very important meeting. This meeting provides an excellent opportunity for us to review the progress that has been made with respect to the United Nations Declaration of Commitment on HIV/AIDS and to renew our commitment to the fight against that disease.

My delegation fully associates itself with the statements made by the representative of Antigua and Barbuda on behalf of the member countries of the G77 and China and by the representative of Egypt on behalf of the African Union, as well as with the statement made by the representative of Zambia on behalf of the Southern African Development Community.

We would like to express our appreciation for the detailed and comprehensive report that we have before us, provided by the Secretary-General, and we take note of the recommendations contained therein.

The report enumerates the greatest challenges to be addressed, especially those related to the prevalence of HIV among young people and HIV infections among adults, in particular in the sub-Saharan region, and we strongly believe that prevention is the key. Our preventive efforts must be built on evidence, based on human rights, and fully recognize the complexity of the challenge ahead.

Many of the health problems in Angola are being addressed with a global strategy that fits into the efforts of the African region, more specifically in the cooperation with its neighbouring countries. In comparison to other countries in the region, Angola has a relatively low rate of HIV/AIDS infection — less than 3 per cent — which is of value in the fight against the pandemic.

We have a strategic national plan of combat against HIV/AIDS, which has established intervention benchmarks that respect the principle of "Three Ones", allowing us to attain our goals in a synergic manner. The plan was elaborated with the participation of multiple sectors and fields, involving the Government, the army, persons living with HIV/AIDS, the private sector, churches and civil society, among others.

In 2004, 2005 and 2007, we conducted national surveys to determine the rate of HIV infection in pregnant women, which allowed us to discern a feminization of the disease and to have a better understanding of the dynamics of the epidemic in the country.

The main challenges of the HIV/AIDS combat strategy include, first of all, the sharing of information to address the pandemic among adolescents and young adults, especially women; access to free testing and counselling; and the distribution and use of condoms and stopping mother-to-child transmission.

The provision of free access to HIV treatment has gradually expanded, now covering all provincial capitals, but there have been difficulties arising from the lack of human resources. We must use our imagination and utilize sectors within the health system that are still insufficiently explored in order to reach all 182,000 people living with AIDS in Angola.

The fight against stigmatization and discrimination, involving educational institutions, artists and opinion-makers and people living with HIV, has been influential in the success of that intervention.

To conclude, I must convey our appreciation to the Global Fund to Fight AIDS, Tuberculosis and Malaria as well as to the United States President's Emergency Plan for AIDS Relief, among other institutions, for all the support they have been giving my country, and reaffirm the commitment of my country and of the President of the Republic, who leads

the national commission to fight AIDS, to successfully overcome that challenge.

The Acting President: I now give the floor to Her Excellency Ms. Terttu Savolainen, State Secretary of Social Affairs and Health of Finland.

Ms. Savolainen (Finland): Finland aligns itself with the statement made by the representative of Slovenia on behalf of the European Union.

We recognize the reported advances made since the Declaration of Commitment was adopted, but there is a serious risk that too little is being done in the area of primary prevention. It is worrying that basic prevention services and, indeed, knowledge of the true risks of HIV infection are not available to far too many, particularly the young. We need to acknowledge that, with the current level of effort, our target of universal access to prevention may not be achieved within the time frame we originally set.

In the face of a still growing pandemic, we must increase our efforts and put a strong focus on HIV prevention in ways that ensure that particularly vulnerable groups are reached. It is inhumane to deny prevention tools that have been shown to work over and over again to those who need them.

The development of a concrete and working preventive vaccine has not progressed as hoped and we simply cannot afford waiting yet another 10 or 20 years for the magic bullet to appear. Focusing national and international efforts on all levels of prevention using existing tools is more important than ever.

An effective and sustainable solution to the feminization of the epidemic is investment in girls and women, in their education and in improving their health and social status, including ensuring and enforcing their sexual and reproductive rights. Greater investment should be made in strengthening health systems and finding the human resources necessary to deliver public health, education and social services, which are of vital importance in achieving effective HIV prevention, treatment, care and support. There is a clear need to strengthen the linkages between HIV/AIDS and sexual and reproductive health and rights. Everyone should have the right and means to make informed choices regarding their sexuality and reproduction.

The role of civil society as a key partner and the promotion of its meaningful participation in all aspects and stages of HIV/AIDS responses is an invaluable asset that should be employed whenever possible. Cooperation with and direct national funding of civil society organizations is a good policy, and one that may overcome many barriers inherent in addressing HIV/AIDS through health systems alone. All those living with HIV/AIDS should be able to enjoy full human rights free of stigmatization and discrimination, as well as discriminatory travel restrictions.

In light of our own commitments and from a human rights perspective, it is simply not acceptable that, seven years after the adoption of the 2001 Declaration of Commitment, the majority of injecting drug users, men who have sex with men, sex workers, prisoners and migrants, as well as far too many women and children, still lack real access to prevention tools and services. Among the many groups at risk, those who inject drugs are among the most vulnerable and marginalized of all. Sustained access to clean and safe injection equipment and easy and comprehensive access to male and female condoms are not just important, but are essential tools to stop the epidemic.

We recommit ourselves to the goals and objectives of the Declaration of Commitment. Finland urges the international community to work together to ensure that we reach our goals of comprehensive access to HIV/AIDS prevention, treatment, care and support throughout the world. With two years remaining to the target date, we have no time to lose.

The Acting President: I now give the floor to His Excellency Humberto Salazar, Secretary of State of the Dominican Republic.

Mr. Salazar (Dominican Republic) (*spoke in Spanish*): The Dominican Republic commends the holding of this high-level meeting, while endorsing the commitments made in the 2001 Declaration of Commitment on HIV/AIDS and the 2006 Political Declaration on HIV/AIDS. In that respect, thanks to the political commitment of our President Leonel Fernández Reyna, the Dominican Republic is making enormous efforts, jointly with political governmental institutions, non-governmental organizations, networks of people living with HIV/AIDS and international cooperation agencies, to strengthen the national response to the epidemic.

The mobilization of resources from the Global Fund to Fight AIDS, Tuberculosis and Malaria, the World Bank and other national sources has resulted in

a significant expansion of the national response, which is evident in the results revealed by a 2007 demographic and health survey showing that the HIV/AIDS prevalence rate in the Dominican Republic has decreased to 0.8 per cent from 1.0 per cent in 2002. That reflects, for the most part, the effectiveness of the actions taken at the national level to halt and begin to reverse the spread of HIV/AIDS, as established by Millennium Development Goal 6, to which the Dominican Republic is deeply committed.

Aware that HIV/AIDS is the sixth leading cause of death worldwide, the Dominican Republic has concentrated its efforts on the early detection of people living with HIV/AIDS and of those requiring antiretroviral drugs. In that respect, the free provision of antiretroviral drugs by the State has increased from 11.9 per cent to 29.1 per cent for adults since 2005, and from 24.4 per cent to 46 per cent for children.

Likewise, acknowledging the feminization of the epidemic, the Dominican Republic is placing an emphasis on the protection of children, young people and women by promoting human rights, on the reduction of stigmatization and discrimination, on citizenship status, on gender equality, on equality of opportunities and on the empowerment of women within the structure of sexual and reproductive health rights as the key elements for women, adolescents and girls to be less vulnerable to this health condition.

It must be pointed out that the Government acknowledges and ratifies the importance of the Three Ones principles of the Joint United Nations Programme on HIV/AIDS (UNAIDS). Pursuant to that issue, it agreed with all stakeholders in 2007 to establish an agreed HIV/AIDS action framework that provides the basis for coordinating the work of all partners, as reflected in the National Strategic Plan for Prevention and Control of STI/HIV/AIDS 2007-2015. In 2001, it created a national AIDS coordination authority, with a broad-based multisectoral mandate, known as Presidential AIDS Council. Currently, it is in the process of strengthening an agreed country-level monitoring and evaluation system.

To conclude, we firmly believe that while significant advances are being foreseen to halt the spread of the epidemic, it is now time to look towards a promising future in the short, medium and long term, with the active and vigorous participation of all actors involved in this process, and to advocate greater funding for developing countries like the Dominican Republic from donors such as the Global Fund to Fight AIDS, Tuberculosis and Malaria. In its commitment, the Dominican Republic echoes Mr. Peter Piot, Executive Director of UNAIDS, when he says that we must commit ourselves to not simply continuing our efforts, but to intensifying them, and also to adapting them to the new reality on the ground.

The Acting President: I now give the floor to His Excellency Serik Ayaganov, Member of Parliament of Kazakhstan.

Mr. Ayaganov (Kazakhstan) (*spoke in Russian*): First of all, I would like to thank the Secretary-General for initiating this meeting and emphasize the importance of his comprehensive report entitled "Declaration of Commitment on HIV/AIDS and Political Declaration on HIV/AIDS: midway to the Millennium Development Goals" (A/62/780). My delegation believes that the review will help us assess the real scope of the epidemic and methods to combat it.

The HIV/AIDS pandemic is one of the global challenges that have negative repercussions on economic development and hamper the achievement of the Millennium Development Goals (MDGs). It is necessary to acknowledge that the international community's efforts towards combating HIV/AIDS are not yet sufficient.

Since the time of signing the Declaration of Commitment on HIV/AIDS that was adopted by the special session of the General Assembly in 2001, Kazakhstan, along with other countries, has achieved a certain amount of progress in combating HIV/AIDS. The Government of Kazakhstan endorsed the concept of the State policy on combating AIDS in the Republic of Kazakhstan. The legislative basis for this is also being improved. Changes have been made to the law on prophylactics and treatment of HIV infection and AIDS, which was amended to upgrade it to international standards.

Kazakhstan's current State programme on combating the AIDS epidemic has already achieved positive results in introducing modern standards of epidemiological surveillance of HIV infections, increased voluntary HIV testing, provision of medical services to high-risk groups and prevention activities among the population through information and education.

Treatment and care for those who are HIV-infected or are suffering from AIDS, including access to antiretroviral treatment, is an important component of the activities being undertaken by the Government of Kazakhstan. Beginning in the year 2010, a provision will be made in the State budget for those who are currently not receiving such treatment.

As recognized by international organizations, the country has an advanced national surveillance system that provides data for monitoring and evaluation of activities on combating the infection.

This year, the complexity and scope of the tasks being implemented called for participation of the civil society, which is gaining support from the Government. There are 78 non-governmental organizations (NGOs) working in field of the prevention of HIV/AIDS. Within the framework of the social contract, the Government of Kazakhstan has allowed for the financing of NGOs. The latter encouraged the representatives of civil society to actively participate in the development, implementation and evaluation of prevention activities and measures on the treatment and care of people living with HIV/AIDS.

Despite certain progress made in counteracting HIV/AIDS achieved at the national level, there are some issues that require concerted efforts. Although the main means of infection in Kazakhstan is still through blood transfusion among drug users, the number of cases of sexual transmission is increasing alarmingly, which is threatening the broad mass of the population outside the risk groups.

There are still such acute problems as stigmatization and discrimination of HIV-infected people, maintenance of their health, including treatment of concomitant diseases, social protection of those infected with HIV, and their full participation in the workforce and in social life.

In 2006, Kazakhstan faced the unprecedented outbreak of HIV infection of 149 children through blood transfusions in hospitals. Eventually, the outbreak was localized with the assistance of an international organization.

The Government of Kazakhstan expresses its gratitude to the Joint United Nations Programme on HIV/AIDS, the World Health Organization, UNICEF, the United Nations Population Fund, the Global Fund to Fight AIDS, Tuberculosis and Malaria, the World Bank and other international organizations that provide tangible support in implementing programmes on combating HIV/AIDS in Kazakhstan. We welcome their continued productive collaboration in that particular area to help us in dealing with this epidemic of the twenty-first century.

Obviously, today's high-level meeting is evidence of the fact that the world community recognizes the importance of consolidated efforts to effectively fight the HIV/AIDS pandemic. My delegation, on behalf of the Government of Kazakhstan, would like to reiterate its commitment to counteract HIV/AIDS and its determination in achieving the target set by the MDGs.

The Acting President: I now give the floor to His Excellency Mr. Panagiotis Skandalakis, Member of Parliament of Greece.

Mr. Skandalakis (Greece): General Assembly resolution 62/178 expressly encouraged Member States to include parliamentarians in their delegations to this high-level meeting. As a member of the Hellenic Parliament, it is an honour for me to head my country's delegation.

Greece associates itself with the statement made yesterday by Slovenia on behalf of the European Union.

I wish to thank the Secretary-General for his report on the implementation of the 2001 Declaration of Commitment and on the 2006 Political Declaration on HIV/AIDS (A/62/780). The report indicates that although progress in containing HIV/AIDS is now being seen in nearly all regions, the HIV epidemic remains a major and long-term challenge. More than 40 million people live with HIV worldwide and more than 2 million become infected every year. AIDS killed 2.1 million people in 2007. Those numbers are unacceptable in today's world. The feminization of the epidemic and the new HIV infections among children and young people are sources of further concern. Achieving the Millennium Development Goals largely depends on fighting HIV/AIDS successfully. In that respect, comprehensive policies with regard to universal access to prevention, treatment, care and support are needed.

Allow me to share the main features of Greece's response to HIV/AIDS. In spite of a low prevalence rate, Greece has spared no effort in addressing the

challenges posed by the fight against HIV/AIDS. In 2007, Greece proceeded to update its strategy and issued a national action plan against HIV/AIDS, which emphasizes prevention policies, elimination of stigmatization and discrimination and the further improvement of treatment, care and support. The plan stresses cooperation between the authorities and civil society for the full realization and respect of human rights and fundamental freedoms for all. In the field of research and education, the plan focuses on the training of health professionals and on biomedical, clinical, social and cultural research.

Last year, Greece spent €45 million on the fight against HIV/AIDS, focusing mainly on awareness campaigns, antiretroviral treatment and on the funding of non-governmental organizations. More specifically, the Hellenic Aid Agency of the Ministry of Foreign Affairs has allocated €7.2 million to relevant bilateral and multilateral development cooperation funding, including support to the Joint United Nations Programme on HIV/AIDS and the Global Fund to Fight AIDS, Tuberculosis and Malaria.

As underlined in the Secretary-General's report, fighting HIV/AIDS requires strong, sustained political commitment and leadership involving all relevant sectors of society. In that respect, parliamentarians have a specific role to play together with Governments, civil society, the business community and the private sector.

Mr. Njie (Gambia), Vice-President, took the Chair.

The first global parliamentary meeting on HIV/AIDS, held in Manila last year, called for strong leadership by parliamentarians in addressing HIV/AIDS. Members of parliament can use their leverage to effectively monitor Governments and civil services and to initiate and promote a rights-based response to the AIDS epidemic.

Let us unite our forces. Together we will win the fight against AIDS.

The Acting President: I now give the floor to His Excellency Mr. Mohammed Abul Kalam Azad, Additional Secretary of the Ministry of Health and Family Welfare of Bangladesh.

Mr. Azad (Bangladesh): I have the honour to speak on behalf of the least developed countries. Our group wishes to express its appreciation to the Secretary-General for his comprehensive report, which shows that expanded treatment efforts continue to gather momentum.

In 2007, an additional 1 million people were provided with antiretrovirals. However, the number of people living with HIV increased by 2.5 million and the deaths of 2.1 million occurred during the same period. Sub-Saharan Africa continues to be the ground-zero of that crisis. Worldwide, around 70 per cent of those in need of antiretroviral treatment are still not covered. If the current trend in scaling up care and treatment continues, the number of people receiving antiretroviral drugs in 2010 will reach approximately 4.5 million, which is less than half of those in urgent need of treatment.

In many least developed countries, the heavy burden of disease poses significant risks to their socio-economic development. Absence of basic medicines, poor health infrastructures, poverty, gender inequality and lack of awareness are some of the constraints in obtaining essential HIV prevention, treatment, care and support services in the least developed countries. Acute shortages of health-care professionals, further aggravated by brain drains, impede the scaling up of HIV treatment and prevention services in many countries. That situation must be urgently addressed.

We have only two years until the target date for achieving universal access to HIV prevention, treatment, care and support. While the resources mobilized to date are encouraging, the gap between available resources and actual needs is nevertheless increasing. Unless greater and swifter advances are made in reaching those who need essential services, the epidemic's burden on households, communities and societies will continue to grow.

With a view to achieving universal access, far greater investment is required in the infrastructure of health systems, including human, administrative, procurement and financial resources. Additional international funding would be necessary for public health and development. The innovative sources of financing such as the airline levy used by the International Drug Purchasing Facility are welcome initiatives. We welcome other such initiatives. Harmonization and coordination, as well as stability and the long-term predictability of funding, are critically important. Unprecedented human resources

should be mobilized to address the crisis in an effective manner.

Achieving universal access requires the participation of a wide range of stakeholders. Government agencies, with the support of the civil society, can contribute effectively to the delivery of HIV-related services and to the monitoring of national performance. Such a broader, integrated strategy can facilitate achieving the Millennium Development Goals, particularly to combat HIV/AIDS, malaria and other diseases.

Each citizen of the world has the right to access essential medicines and treatment at an affordable price. Transfer of technology and capacity-building in the pharmaceutical sector are critically important, as identified in paragraph 6 of the Doha Declaration. However, the current international intellectual property regime is not conducive to technology transfer; it mostly favours producers and holders of intellectual property rights, which are mainly found in developed countries. The existing regime gives patentees monopoly rights over the product or process while disregarding those who cannot afford to pay the price of the product. Full and efficient universal access to basic medicines will require the enactment of an innovative differential pricing system. The least developed countries should have affordable access to modern technologies and technical know-how.

I would now like to say a few words in my national capacity. Although the HIV prevalence rate in Bangladesh is very low, we are in a high-incidence zone. Our response to the pandemic has received high praise.

In conclusion, what we need is goodwill, political courage and leadership. The scaling-up of efforts and coordinated action at all levels are needed immediately. On behalf of the least developed countries, I express our firm conviction that we will do our best to achieve our goal.

The Acting President: I now give the floor to His Excellency Mr. Tapuwa Magure, Chief Executive of the National AIDS Council of Zimbabwe.

Mr. Magure (Zimbabwe): It is an honour to address this Assembly today as we meet to review the progress we have made in the fight against HIV/AIDS. Zimbabwe aligns itself with the statements made by the representative of Antigua and Barbuda on behalf of the Group of 77 and China, by the representative of Egypt on behalf of the Group of African States, and by the representative of Zambia on behalf of the Southern African Development Community.

Sub-Saharan Africa remains the region of the world that is the worst affected by HIV/AIDS, and the disease has reversed most of the gains that we have achieved over years both socially and economically. The region continues to lose its people in the productive age group to the epidemic. No specific sector has been spared, and the disease remains the leading cause of morbidity and mortality in the history of humankind.

The Government of Zimbabwe remains fully committed to a multisectoral response to the epidemic. It has made significant strides towards achieving universal access to all HIV/AIDS services and interventions by 2010. HIV/AIDS was declared a national disaster so as to give priority to the disease and its impact. The Government of Zimbabwe has established the National AIDS Trust Fund, which is purely a home-grown fund that is being administered by the National AIDS Council of Zimbabwe. Contributions to the National AIDS Trust Fund are calculated at 3 per cent of all taxable income and are collected monthly. The National AIDS Council was established by an act of Parliament to coordinate and facilitate a multisectoral response to the pandemic and the implementation of the Zimbabwe national HIV/AIDS strategic plan.

The national HIV/AIDS strategic framework was formulated through consultations with all key stakeholders in the country, including people living with HIV, civil society, bilateral and multilateral agencies, the Government, the private sector and other community representatives. The framework covers the period 2006-2010, and its main goal is to achieve universal access to all HIV/AIDS prevention, care and support interventions. The framework also recognizes the vulnerable groups to be targeted in order to control the spread of HIV/AIDS.

Zimbabwe continues to ensure access to prevention services for all its citizens. The prevention of mother-to-child transmission programme has been expanded to cover every district in the country. Testing and counselling services remain one of the major HIV/AIDS prevention interventions in Zimbabwe. Efforts have been made to ensure that those services

reach the grass-roots levels through mobile testing and counselling services.

We continue to value the importance of preventing HIV/AIDS, especially among young people. HIV/AIDS education has been integrated into school curriculums to ensure life skills for young people. Out-of-school young people have access to HIV/AIDS education thanks to the establishment of youth centres throughout the country whose staff are equipped with skills in providing youth-friendly services.

My Government remains committed to meeting the targets that have been set. Through decentralization from central to district hospitals, it has put in place measures to scale up access to antiretroviral drugs and medicines to treat opportunistic infections. Sites providing antiretroviral therapy have been decentralized throughout the country, resulting in increased accessibility. Of the possible 300,000 who may require them, Zimbabwe currently has more than 105,000 people on antiretroviral drugs, in both the public and private sectors. That figure represents only 33 per cent of those who are in need of the drugs.

In addition to the provision of treatment, the Government is in the process of strengthening health systems to further enhance the scaling up of treatment. A local pharmaceutical company has been manufacturing antiretrovirals and drugs to treat opportunistic infections, such as cotrimoxazole and fluconazole.

The Government adopted the national plan of action for orphans and vulnerable children to ensure that their needs were catered to. Child protection committees have been put in place at all levels to ensure community safety nets. The Government is also working with traditional leaders to improve food security for the most vulnerable members of society. A basic education assistance model is another safety mechanism that has been put in place to facilitate access to basic education for vulnerable children.

We would like to acknowledge the role played by civil society in the response to HIV/AIDS in Zimbabwe. Civil society is involved in prevention, treatment, literacy and mitigation services that have strengthened the Government's response. Zimbabwe also benefits from good relations with both its bilateral and multilateral partners.

The HIV/AIDS pandemic cannot be addressed selectively in this increasingly globalized village. We appreciate the support currently being provided by the Global Fund and we urge it to scale up the level of support so that we may also scale up our response.

Despite the achievements in reversing the impact of the HIV/AIDS epidemic, Zimbabwe still faces major challenges. It is widely accepted that HIV/AIDS has major economic and social repercussions on individuals, families, communities and society as a whole. The key challenge facing the Government is how to provide affordable and acceptable antiretroviral therapy. Although local pharmaceutical companies are producing antiretrovirals, there is a need to considerably scale up their capacities so that they can meet the demand. In that regard, we urge all our partners to assist in capacity-building and the provision of more antiretroviral drugs.

Despite massive investment in the training of health professionals, Zimbabwe continues to suffer from the brain drain phenomenon. It is regrettable that we are losing our skilled human resources to the developed world. That has derailed plans to expand HIV/AIDS services.

Despite the numerous challenges I have outlined, Zimbabwe is confident that, with increased cooperation from the international community, we will come closer to meeting our targets for universal access to HIV/AIDS prevention, treatment, care and support by 2010.

The Acting President: I now give the floor to His Excellency Mr. Prat Boonyawongvirot, Permanent Secretary of the Ministry of Health of Thailand.

Mr. Boonyawongvirot (Thailand): It is a great honour to represent Thailand at this high-level meeting on AIDS and to have an opportunity to share with the General Assembly some perspectives on Thailand's response to HIV/AIDS and its efforts to achieve universal access to prevention, care and treatment.

Thailand's response to the HIV epidemic has been globally recognized as a success story. It has been estimated that the annual incidence of new HIV infections was as high as 130,000 cases during the early 1990s. Since then, strong and sustained commitments and coordinated efforts aimed at prevention programmes — including national public information campaigns and the promotion of a 100 per

cent condom use programme — have led to a dramatic decrease in the incidence of HIV infection, with a tenfold reduction in new infections.

In an attempt to achieve universal access by 2010, Thailand has adopted a preventive strategy with the ambitious target of reducing the number of new HIV infections by half in 2010. The strategy targets five specific vulnerable groups, including discordant couples, men who have sex with men, injecting drug users, female sex workers and their clients, and young people.

Several measures have been implemented to prevent transmission among discordant couples, including promoting voluntary HIV testing and counselling, encouraging frank disclosure of one's HIV status, counselling and free condom distribution for all HIV-infected persons.

In order to cope with the high prevalence of HIV infection among men who have sex with men, the Thai Government responded swiftly by providing HIV- and sexually transmitted disease-friendly services. That included sexual health education for men who have sex with men and the setting up and expansion of pilot networks of such men, including peer leaders, at the provincial level.

Against that backdrop, a notable success has been our 100 per cent condom use programme. The current prevalence rate of HIV infection among female sex workers is much lower than it was in the early 1990s. However, a higher proportion of direct sex workers and non-Thai female sex workers make it difficult to promote full condom use. The Government has therefore strengthened outreach activities and clinics for sexually transmitted infections and has also ensured free condoms for all sex workers.

To strengthen prevention among injecting drug users, a methadone maintenance programme focused on harm reduction is available throughout the country. For the first time, this year the cost of the methadone maintenance programme is now covered under our universal coverage scheme.

With our strong commitment to reducing the number of new HIV infections, the Government has harmonized efforts among the relevant Government sectors, international and non-governmental organizations and local communities to scale up HIV prevention efforts among young people. Condom use among young people has begun to rise, from 30 per cent to 60 per cent.

To scale up access to treatment, care and support, the Royal Thai Government made a commitment in 2006 to ensure universal access to antiretroviral treatment. All Thais who are in need of antiretroviral treatment can currently access treatment and care through three main schemes, namely, the universal coverage scheme, the social security scheme and the civil servant medical benefits scheme. Those schemes cover both first- and second-line antiretrovirals regimens, treatment for opportunistic infections and HIV-related services. More than 180,000 patients already have access to antiretroviral therapy. In addition, in order to meet the needs of those who are ineligible under those schemes, including migrant workers and displaced persons, Thailand has been working with the Global Fund to Fight AIDS, Tuberculosis and Malaria to ensure access to antiretroviral therapy without discrimination on the basis of status.

Allow me to conclude by saying that Thailand stands shoulder-to-shoulder with all countries and international partners to continue the global commitment to preventing HIV infections and to mitigating its impacts. Thailand will continue to pursue all efforts to protect its citizens, as well as migrant workers, against HIV infection and to provide quality treatment, care and support in response to the global HIV epidemic. We are ready to cooperate with all others to expand our common endeavours to address the epidemic across the world.

The Acting President: I now give the floor to His Excellency Mr. Murray Procton, Ambassador for HIV/AIDS of Australia.

Mr. Procton (Australia): In the seven years since the adoption of the 2001 Declaration of Commitment on HIV/AIDS, the world has seen an unprecedented mobilization of resources to address HIV. Innovative partnerships have been established to support a heightened response to the epidemic and there has been a correspondingly dramatic increase in the number of people in low- and middle-income countries with access to treatment. That figure has risen 42 per cent in the past two years. If that increase can be maintained, the goal of achieving universal access to treatment will almost be within our grasp; but what of universal access to prevention?

As the Secretary-General has reported, the number of new infections is two and a half times higher than the number of people receiving antiretrovirals. One dollar invested in prevention can save up to $8 in treatment costs. It is obvious to us all that treatment gains will be rapidly undermined unless prevention is the mainstay of our response.

Nearly 5 million people in Asia and the Pacific are living with HIV. The epidemic is still expanding in many countries in our region, including the populous countries of China, Indonesia and Viet Nam. Without an enhanced response, it is estimated that the prevalence of HIV among adults in Papua New Guinea will rise to over 2 per cent by the end of 2008 and to over 4 per cent by 2011. In the neighbouring Indonesian province of Papua, a population survey confirmed that the adult prevalence was 2.4 per cent in 2006. That data from Australia's nearest neighbours is sobering. The epidemic is outpacing the response.

There is therefore no time for half-measures. For the first time ever, we have the resources and knowledge to halt the spread of HIV. What is needed now is the political courage and leadership to take effective action. Australia endorses the call of the Secretary-General to scale up focused HIV prevention for populations most at risk.

Injecting drug use has fuelled epidemics across Europe and Asia. In East Asia, the epidemic is dynamic and evolving. Men who buy sex will be the most powerful driving force behind Asia's epidemic over the next decade. Male-to-male sex will also become one of the main sources of new HIV infections in Asia by 2020. Yet coverage of those key populations with prevention services remains very low, often less than 5 per cent.

Australia's own experience in that area testifies to the success of focused and evidence-based prevention efforts. The mobilization of affected communities has been central to Australia's success in HIV prevention. People living with HIV, gay men, people who use drugs and sex workers have helped to lead the national response, working in partnership with the Government, the health sector and researchers. That partnership has ensured that community-based prevention remains at the forefront of our strategy.

Affected communities have been involved in the planning and provision of targeted services such as peer education and outreach, and have helped shape our research agendas. We have adopted a pragmatic approach that has been highly cost-effective. Our national needle and syringe programme has averted an estimated 25,000 new infections over a nine-year period, saving up to $A 7.6 billion in treatment costs.

Through our overseas aid programme, Australia has committed to working with the private sector, forming a partnership with the Asia Pacific Business Coalition on HIV/AIDS to harness the capacity of business to respond to the HIV epidemic. In Papua New Guinea, for example, that has resulted in the establishment of a national business coalition that runs a hotline to provide counselling advice on HIV issues.

Together with our partners, we have pioneered harm reduction approaches to HIV prevention in Asia. Australia supports a number of important programmes that focus on HIV and injecting drug use in South and South-East Asia, including an eight-year commitment to reducing the spread of HIV associated with drug use in six countries. The Government of the Netherlands has joined us in funding the Viet Nam component of that programme.

Australia is strongly committed to working in partnership with countries, the United Nations, donor agencies, the private sector and affected communities in the Asia-Pacific region to achieve universal access to HIV services, halt the spread of HIV and achieve the health-related Millennium Development Goals.

By 2009, our Government will have expended nearly $A700 million in aid on the global HIV response since 2000. We will be investing an additional $A200 million in partnerships with United Nations agencies to achieve the Millennium Development Goals over the next four years, including funding for the Joint United Nations Programme on HIV/AIDS.

In conclusion, it is 2008. We have two years to make good on our promise of universal access to prevention. We have seven years to halt the spread of HIV. Let us resolve to seize the moment and recommit ourselves to do what we know it takes to reach those goals.

The Acting President: I now give the floor to His Excellency Mr. Louis-Charles Viossat, Ambassador for HIV/AIDS of France.

Mr. Viossat (France) (*spoke in French*): Allow me, first of all, to underscore that France fully supports

the statement delivered by the representative of Slovenia on behalf of the European Union.

This periodic assessment, which we scheduled in 2001, is essential. It illustrates the high level of commitment to combat AIDS on the part of all the countries represented here in New York. That fight is both a public health necessity and an ethical imperative. This meeting also illustrates the renewed determination of States, working in partnership with civil society, to transparently hold themselves accountable for both the progress made and the obstacles encountered in the face of an epidemic that is unique in terms of both scope and seriousness.

We, too, would like to thank the Secretary-General for the quality of his report (A/62/780), which provides very useful recommendations and quite clearly illustrates the considerable progress made since 2001 and the enormous challenges confronting many countries and the international community as a whole.

The results are clear. Incremental progress, which was merely a common goal just a few years ago — has now become a reality, in Africa and throughout the world. Those results were possible thanks to the personal efforts of many heads of State and Government, who together were responsible for the establishment of innovative tools to combat the pandemic — including the Global Fund to Fight AIDS, Tuberculosis and Malaria and the International Drug Purchase Facility (UNITAID) — as well as massive fund-raising, in which France plays a crucial role. Of course, that summit-level mobilization is also part of the exceptionally determined efforts being made in many countries by communities infected or affected by the disease, including non-governmental organizations, foundations and the private sector. Rather than making us complacent, however, that progress should lead us to intensify our efforts to curb the epidemic and achieve the goal of universal access to HIV prevention, treatment, care and support. To that end, particular emphasis should be placed on the various areas highlighted in the statement delivered on behalf of the European Union.

Throughout the world, AIDS in particular affects women and minorities. Before antiretroviral therapy treatment was available, AIDS in France took the heaviest toll among gay men, intravenous drug users and migrant women. Responding effectively to the epidemic among those three marginalized groups in our country was a challenge. By working closely with groups representing affected individuals and by making some changes to our laws, we were able to achieve quite substantial success against the epidemic.

As a result of our drug use risk reduction policy, the percentage of drug users among new cases of infection in France dropped from 30 per cent to less than 2 per cent. Working with minorities to identify interventions tailored to their needs has been a very successful approach to combating HIV/AIDS.

I should also like to refer to the situation of women, who are the primary victims of the illness and who too often lack access to adequate prevention services; children and orphans who have been abandoned and left to their own devices, and other infected young people without adequate access to treatment; men who have sex with men and transgender people, who suffer discrimination that both violates human rights and is prejudicial to public health; and patients who cannot travel freely or enter other countries.

Twenty-five years after the discovery of the virus — a scientific advancement that we have just commemorated in Paris — it is crucial that we intensify efforts at research: to find a vaccine, of course, but also research on microbicides, prevention methods, implementation and in the social sciences, as has been done successfully in our country and throughout the world by France's National Agency for AIDS Research.

None of that progress would have been possible had we not succeeded in putting in place long-term and predictable financing mechanisms adapted to the protracted nature of the threat. To that end, France has established and operationalized an air-ticket solidarity contribution scheme within UNITAID. During our presidency of the European Union, we shall also continue to promote the development and implementation of disease risk reduction strategies that are tailored to the diversity of individual countries and aimed at strengthening health systems. Ongoing improvement will not be possible unless we comprehensively address the issues of lack of human resources in the health-care sector, training — as the ESTHER Initiative does — and financing of health-care services.

France believes that combating HIV/AIDS should not be the responsibility of doctors and experts alone;

it concerns everyone, especially those who are infected. Our country's progress report is therefore comprised of two parts: the governmental part, which sets out overall results and underscores the latest encouraging results in combating the infection in our country, and the part written by groups themselves to set out their views of national policies and their recommendations to public officials, especially as regards the most vulnerable groups, where the prevalence of HIV is highest.

The Acting President: I now give the floor to His Excellency Mr. Lennarth Hjelmåker, Ambassador for HIV/AIDS of Sweden.

Mr. Hjelmåker (Sweden): First of all, let me associate myself with the statement made by the representative of Slovenia on behalf of the European Union.

For Sweden, the fight against HIV/AIDS continues to rank high on the political agenda. It is clear to us that efforts to halt and reverse the spread of the pandemic must be based on the basic principles of human rights and gender equality. Respect for, and the full enjoyment of, human rights by all people must be the foundation of the response to the pandemic. The following elements are crucial to successfully reach the target of universal access to prevention, treatment and care.

Prevention must remain at the top of the agenda. Prevention interventions must cover all the complex matters that need to be openly addressed to combat HIV/AIDS. We have to talk about sexuality, intimacy and sexual relations; men who have sex with men; sexual violence, including so-called curative rapes; drug use; people who buy and sell sex; migrants and trafficking in human beings. Prevention is about power relations in society — between men and women, parents and children, rich and poor.

Prevention efforts are critical for people not yet infected, not least for populations most at risk. It is also important to target prevention strategies at people already infected. HIV-positive pregnant women are one target group, but efforts should not stop there. Access to male and female condoms is crucial, as consistent condom use is still the most effective prevention method. But prevention is also about the search for new technologies. Long-term support is needed to develop effective vaccines and microbicides. We need to address all the broad and complex issues. We must address the pandemic and its consequences with open eyes and open minds. That is also relevant in the Western world today, where prevalence rates are increasing.

Secondly, young people's knowledge about HIV/AIDS is far below the targets endorsed in 2001 by Member States in the Declaration of Commitment. That is most worrisome. Information and knowledge promote responsible behaviour and help young people to protect themselves and their partners. Young people should have access to comprehensive sex education and youth-friendly services, as well as to sexual and reproductive health rights clinics, which should provide them with information, supplies and services related to HIV/AIDS. Young women and men must take an active part in policy- and decision-making, implementation and follow-up activities. They are the ones open to change, the ones who dare to move in new directions. We cannot afford to lose the great capacity embodied in young people.

Thirdly, gender inequality is a key driver in the spread of the pandemic. Many women and girls are infected due to unequal relationships, sexual harassment, violence and rape. A young woman, particularly if she is married, runs a much higher risk of being infected than a young man. That is not acceptable. If a young woman cannot be ensured the right to her own body and sexuality and to be able to protect herself from infection by demanding that her partner use a condom, how can we then hope to put an end to the spread of the pandemic? The strong link between HIV/AIDS and sexual and reproductive health and rights is undeniable. Women's rights are about an equal balance of power in relationships, but they are also about economic empowerment and the right to own your own land, inheritance rights and the right to financial independence. We must meet the needs of those women whose only way to support themselves and their families is to sell their own bodies, and support their right to quality HIV prevention, treatment and care.

Gender equality is not only about women and girls: men matter. Responsible men and boys are essential to reach gender equality and to put a stop to the irresponsible sexual behaviour that puts women and girls at risk. Many boys and men have to change both their beliefs and their attitudes and behaviour. Men have to become equal partners and good fathers. We

must not forget that male involvement is a win-win situation for both women and men.

Fourthly, HIV/AIDS is about rights, and it is about justice. Full respect for all human rights, including the right not to be subject to stigma and discrimination, is critical. All vulnerable groups must be made visible and provided with support. Those include gays, lesbians, bisexuals and transgender people, people who sell or exchange sex for money or commodities, injecting drug users and people who live on the street, in particular children. Migrant workers and refugees are other groups at risk. Globally, most of those people face extreme discrimination and lack meaningful access to HIV prevention services. Addressing the special needs of vulnerable groups is critical to halting the spread of the pandemic. Obstacles to HIV prevention must be removed. For example, same-sex relationships must be decriminalized so that those persons dare to exercise their rights and seek health services. Scaling up targeted HIV prevention strategies is an urgent public health necessity.

Developed countries have a particular responsibility to implement good policies to curb stigma and discrimination. Travel restrictions and visa policies are a case in point. Such restrictions must be lifted wherever they are applied. Sweden reiterates the European Union call for action on this issue.

Fifthly, my last point is that we need an effective response, long-term commitments and sustainable financing to reverse the spread of the pandemic. With rapidly increased international funding and many new national and international actors, it is necessary that resources be used in a more coherent, accountable and effective way. HIV/AIDS interventions must be part of the broader development agenda. International partners must support national priorities, plans and budgets. Financial commitments must be long term, and increased. Only then will the response be effective and sustainable.

Sweden welcomes efforts made by the Joint United Nations Programme on HIV/AIDS and the rest of the United Nations family, the Global Fund and the World Bank to reform the system to provide a better coordinated and more effective response to HIV/AIDS. We look forward to continued close cooperation in this field.

Finally, we need the participation of all actors, in both the public and private sectors, if we are to win the fight against the pandemic. HIV/AIDS must be part of daily life in schools, at the workplace and at meetings of faith-based organizations. The role of civil society is essential. Active and meaningful participation by people living with HIV/AIDS is key. As a Swedish AIDS ambassador representing my Government, I am glad that the Swedish delegation includes representatives from non-governmental organizations, Parliament, business, faith-based organizations, trade unions and young people's organizations. I sincerely hope that many countries in the world will recognize the strength in such joint collaboration.

The Acting President: I now give the floor to His Excellency Mr. Newab Yusuf Talfur, member of the National Assembly of Pakistan.

Mr. Talfur (Pakistan): It is a privilege to be here at the General Assembly, where we are reviewing the progress made in implementing the Declaration of Commitment on HIV/AIDS and the Political Declaration.

More than two decades after the identification of this killer global disease, the world continues to witness the enormous and multiplying consequences of the epidemic. As of December 2007, an estimated 33.2 million people worldwide were living with HIV, with an estimated 2.5 million people being newly infected and 2.1 million having died of AIDS that year.

Perseverance in our efforts is the key to the efficient implementation of national plans, the allocation of sufficient resources and the involvement of all stakeholders to overcome the menace of AIDS. This high-level meeting is a testimony of the commitment of world leaders in the global fight against the HIV/AIDS epidemic.

The Secretary-General's report (A/62/780) presents a comprehensive view on the progress made in achieving the commitments and time-bound targets agreed by Member States in the Declaration of Commitment on HIV/AIDS and the Political Declaration. The evident progress made in many regions since 2006 to respond to HIV is encouraging. However, as the report suggests, that progress has been uneven and the expansion of the epidemic itself is often outstripping the pace at which services are being brought to bear. In countries where the prevalence of HIV exceeds 15 per cent, the only way to meet the

challenge is to scale up response through an unprecedented national mobilization that involves every sector of society and makes use of every available prevention tool. That is indeed a formidable task.

We agree with the Secretary-General's finding that the response to HIV to date has been largely managed and viewed as an emergency effort, and not focused on a sustainable long-term response. The sustainability of the response should be central to all HIV-related planning and implementation. To that end, therefore, we think that financing mechanisms need to be strengthened at the national, regional and global levels. In that respect, we stress the need to increase official development assistance to its targeted levels so that the root causes for the spread of HIV in developing countries can be addressed effectively.

An estimated 85,000 people are currently living with HIV in Pakistan, with the overall prevalence of HIV among the population at less than 1 per cent. Although estimates for persons living with HIV in the general population have remained fairly constant over the years, a shift from low prevalence to a concentrated epidemic has taken place due to the increase in reported cases of HIV, in particular among injecting drug users.

The rate of HIV infection among other groups — such as sex workers, unemployed young people and injecting drug users in urban areas — is still increasing. Their condition represents a potential threat to the overall prevalence of the disease in the general population. However, we believe that the current low prevalence in the general population will provide a vital window of opportunity to influence the future course of the epidemic in our country.

The response to the HIV epidemic in Pakistan has been an effort of the Government in coordination with bilateral and multilateral donors, the United Nations system and civil society. The effort found expression in the National AIDS Control Programme at the federal and provincial levels in the 1990s. The Programme, with the allocation of $30 million for the period 2003-2008, aims at controlling HIV/AIDS cases by increasing awareness and promoting blood safety by strengthening safe blood transfusion services. It also includes expansion of interventions for vulnerable populations, the prevention of transmission through blood transfusion and targeted intervention for youth and labour. In addition, a comprehensive legislative framework on HIV/AIDS has also been under consideration since 2006, and a further expansion of the Programme from 2009 to 2013 has been made, with the allocation of $120 million, with special reference to vulnerable groups.

Over the years, civil society in Pakistan has also grown and is now actively shouldering the implementation burden together with the public sector. The expansion of civil society has also led to the emergence of network structures, such as national and provincial AIDS consortiums, which are playing a critical role in facilitating and coordinating civil society efforts.

It would not be fair if we did not recognize the fact that the majority of AIDS victims are living in the developing countries. In those countries, the incidence rate is aggravated by poverty, hunger, disease, lack of medical facilities, illiteracy and underdevelopment. Therefore, HIV/AIDS should also be viewed as a development issue in which poverty is recognized as a direct contributor to the spread of the pandemic.

The problem of HIV/AIDS cannot be dealt with as a health issue alone. It must be treated broadly as a crucial economic, social and development issue. The special session of the General Assembly held in 2001 characterized the HIV/AIDS situation as a global emergency and declared it to constitute one of the most formidable challenges to the international community and the attainment of global development goals.

Combating HIV/AIDS and eradicating poverty must therefore go hand in hand. That cannot be achieved without active and determined cooperation on the part of the international community, with the special participation of the developed countries, which have a moral obligation to set aside a part of their affluence to reduce the burden of poverty and alleviate human suffering. Low-cost drugs, less profit-making, new scientific research and the sharing of knowledge and necessary facilities are needed to achieve common and sustainable solutions. There is now a greater urgency than ever to respond to the needs of the developing countries through enhanced debt relief, market access and official development assistance.

In conclusion, I would like to echo what others have said. Two years from the deadline for reaching the universal access targets and halfway towards the deadline for achieving the Millennium Development

Goals, the world must build on its successes to accelerate the pace towards achieving universal access to HIV prevention, treatment, care and support. Unless the efforts to scale up our response increase, the world is unlikely to achieve universal access by 2010.

The Acting President: I now give the floor to Her Excellency Ms. Zebo Yunusova, Head of the Department of Health of Tajikistan.

Ms. Yunusova (Tajikistan) (*spoke in Russian*): First of all, let me thank the United Nations and its specialized agencies for their leadership and tremendous contribution to fighting HIV/AIDS. Today's meeting gives us a unique opportunity to assess the progress achieved globally in implementing the Declaration of Commitment on HIV/AIDS of 2001 and the Political Declaration on HIV/AIDS of 2006, and to discuss existing problems in achieving universal access to prevention, treatment, care and support by 2010.

Although Tajikistan is among the countries least affected by the spread of HIV, the situation of HIV/AIDS continues to worsen in our country and the number of new registered cases of HIV continues to grow from year to year. Moreover, recent research on the spread of HIV infection among vulnerable groups shows that the HIV epidemic in Tajikistan is in a concentrated phase and that the country is already confronting a serious HIV epidemic, the scope of which remains to be assessed. The leading causes of the epidemic remain intravenous drug use and migration.

As in many countries in the world, in Tajikistan the epidemic is starting to affect women. The issue of the vulnerability of women is therefore becoming very serious in our country. A particular phenomenon in the spread of the HIV epidemic in Tajikistan is the continuous growth of labour migration. All of those processes are compounded by a lack of understanding on the part of the population as to how to prevent HIV/AIDS.

Our Government has recognized the prevalence of the HIV/AIDS problem at the highest political levels. Tajikistan was one of the first countries in the world to have formulated a national development strategy to achieve the Millennium Development Goals, in which confronting HIV/AIDS is a priority. During in-depth discussions in countrywide and regional consultations in Tajikistan, we have defined and approved concrete goals to achieve universal access to prevention, treatment, care and support by 2010.

On the basis of those goals, we have developed and approved in our country a new national programme to counteract the HIV/AIDS epidemic for the period 2007-2010. From the outset, the programme was developed in tandem with a national monitoring plan and an annual implementation plan. In our country, we have created and continue to develop prevention programmes for all and especially vulnerable groups of the population, and we have begun to introduce antiretroviral therapy to counter HIV infection and co-infection with tuberculosis, to implement new treatment programmes, and to adopt new legislation that will guarantee legal and social support for people living with HIV.

However, there are also obstacles to achieving the goal of universal access that came to light in a recent survey and self-assessment regarding the results of the implementation of the national programme over the past two years, covering the full range of qualitative services. For example, insufficient financing for HIV/AIDS programmes from both the State's budget and international donors, difficulties in reaching vulnerable groups, inadequate training of staff to conduct large-scale interventions, as well as stigmatization and discrimination associated with HIV/AIDS remain serious challenges. Of particular significance at present are not only the quantity of services but their quality, as well as the systematic use of existing data to track the epidemic for strategic planning and the mobilization of resources.

We still have the time and capacity to commit additional resources and to use all available mechanisms to increase the people's access to quality services so as to achieve the targets by 2010 and thereby approach the achievement of the Millennium Development Goals. That will be possible only if we mobilize all existing resources, strengthen our multisectoral approach to combating the epidemic, promote economic development in the country, improve the legal basis of the State and take significant steps to fight stigmatization and discrimination, to strengthen multilateral partnerships and to promote broad-based participation by civil society at all stages of strategic planning and programme implementation.

The Acting President: I now give the floor to Mr. Samvel Grigoryan, Head of the National HIV/AIDS Prevention Centre of Armenia.

Mr. Grigoryan (Armenia): It is a great honour to speak at this high-level meeting on behalf of the Republic of Armenia. I would like to express the hope that this meeting will raise to a qualitatively new level global cooperation under the aegis of the United Nations to overcome the most painful heritage of the past century — HIV/AIDS.

Armenia aligns itself with the statement made earlier by Slovenia on behalf of the European Union.

The Republic of Armenia, by endorsing the Declaration of Commitment on HIV/AIDS in 2001 and the Political Declaration on HIV/AIDS in 2006, has strengthened its political commitment on HIV/AIDS based on the fundamental understanding of the special responsibility of the Government and the non-governmental sector for the future and well-being of the population of Armenia.

Within the "Three Ones" principles of the Joint United Nations Programme on HIV/AIDS, an agreed HIV/AIDS action framework is already functioning in Armenia, as is a national coordination authority.

In 2007, the Government of Armenia approved its second five-year national programme on the response to the HIV epidemic. The programme's implementation is coordinated by Armenia's country coordination mechanism, with the broad participation of main stakeholders from governmental and non-governmental organizations and international sectors, as well as with the support of people living with the disease.

In the process of realizing the national programme, indicators are being monitored which include the key indicators established in 2001 by the General Assembly's Declaration of Commitment on HIV/AIDS. The process for the establishment of one agreed country-level national monitoring and evaluation system has already started.

During the past five years, the commitments undertaken by the Government of Armenia have radically changed the conceptual approaches towards HIV prevention. For example, the phased introduction of educational programmes on promoting safer behaviour is being carried out in secondary schools. Risk and harm reduction programmes have been introduced among populations most at risk, which have reduced the spread of HIV among the key vulnerable groups; raised their awareness, making their behaviour safer; and provided wide access to tools for prevention and information for all target populations — primarily, of course, for those who are most exposed to the risk.

Thus, HIV prevalence among injecting drug users was reduced from 9.3 to 6.8 per cent between 2005 and 2007, while among sex workers, prevalence has been maintained at the same level, that is, fewer than 2 per cent. Awareness among injecting drug users increased from 60 to 68 per cent over a period of 2 years; among sex workers, from 49 to 54 per cent over the same period, and among men having sex with men, from 54 to 74 per cent.

The Global Fund to fight AIDS, Tuberculosis and Malaria is providing unique support to the process of implementing our national AIDS programme, which is now in its fifth year. Thanks to that support, a significant national capacity has been created, a strong national response has been formulated and antiretroviral treatment has become available for all those in need.

Currently, 90 per cent of patients with HIV/AIDS receive antiretroviral therapy and 285 of those are in follow-up treatment. All HIV-diagnosed pregnant women have been provided with mother-to-child transmission prevention services over the past four years.

A further scaling up of these activities would allow us to achieve universal access to HIV prevention, treatment, care and support. Additionally, an original medicine, developed by a group of Armenian scientists, possesses immuno-modulatory and antiviral therapy that considerably improves patients' quality of life and restores both their capacity for work and their active lifestyles.

By adhering to the provisions of the Millennium Declaration, Armenia has committed itself to incorporating the Millennium Development Goals (MDGs) into its long-term national polices and plans and to introducing sustainable strategies and programmes for integrating economic growth and human development.

Through broad consultations, Armenia has adopted the MDGs and developed a national MDG framework incorporating nationalized targets and indicators for 2015. Among the targets in our national

MDG framework is to: halt, and begin to reverse, by 2015 the spread of HIV/AIDS. Armenia has developed a relevant set of indicators to monitor our achievements.

In that way, the implementation of our ongoing national AIDS programme would contribute by 2010 to the achievement of universal access towards HIV/AIDS prevention, treatment, care and support in Armenia. We hope that institutions such as the Global Fund, United Nations agencies, multilateral and other technical partners will play an active role in the support of our efforts to achieve the goals of our national AIDS programme. Without such support, it will be very difficult to achieve our universal access targets in Armenia.

In conclusion, I would like to express our conviction that this high-level meeting on AIDS will promote the achievement of universal access to HIV/AIDS-related prevention, treatment, care and support worldwide.

The Acting President: I now give the floor to Her Excellency Mrs. Sandra Roelofs, the First Lady and Special Envoy of the President of Georgia.

Mrs. Roelofs (Georgia): In the name of the Georgian nation and its President, Mikheil Saakashvili, I would like to express our appreciation for the efforts of the United Nations to enhance peace, prosperity and the well-being of humankind.

The delegation of Georgia fully aligns itself with the statement made by the representative of the European Union.

Georgia is a low-prevalence country in terms of HIV/AIDS but, at the same time, a high-risk country when migration and transit flows and our borders with Ukraine and the Russian Federation are taken into account. With these added components the pandemic goes on taking its toll. And there are other factors, such as widespread intravenous drug use in Georgia, which also give us reason for concern.

Thanks to our strongly committed Government, we do have some good news as well. In the post-Soviet era, Georgia is the only country among low- and middle-income nations to guarantee a more than 75 per cent universal access to HIV prevention, treatment, care and support. We are also proud of the fact that over the last two years we have had no cases of vertical transmission of the immune deficiency virus.

Members may recall that, two years ago, I stood here before the Assembly promoting Georgian red wine as a red product. I will not do that this time, although I believe that our red wine can be more effective in the promotion of health than, for example, lemon juice or garlic.

Joking aside, the difference from two years ago is that now, next to being Georgia's First Lady, our Stop TB Ambassador and Georgian Chairperson for the Global Fund's Country Coordinating Mechanism, I also became a medical nurse and remain determined to begin work as a nurse, perhaps in palliative care. I have decided that my salary will benefit the harm reduction programmes implemented in Georgia. These are being implemented for drug users on a small scale so far, as it is not easy to convince both the Government and the general population of its positive effect on the halt of infectious diseases such as HIV/AIDS and Hepatitis C, the latter being another major challenge confronting Georgia's health-care capabilities.

On the subject of harm reduction, I suppose it is not only in Georgia that the Government tries — through dialogue and open-mindedness — to find the perfect balance between respect for human rights and freedoms of each individual on the one hand, and, on the other, public responsibility for curbing infection, promoting a healthy lifestyle and ensuring safety on the streets. Being a nurse means being close to the patient, often more like a social worker than a health worker. It is a fact that infectious diseases and living conditions are closely linked.

Georgia, a country that is booming economically, with 15 per cent economic growth per year, has committed itself to fighting poverty in the coming five years. That is the most daring election promise I have ever heard from my husband, who has kept his promises all throughout his political career. These will be five years of tireless work, creating more employment, a social safety net and insurance for all. We must not underestimate the health impact that insurance systems have. The population is being forced into responsible behaviour, such as using safety belts on the road and participating in oncological screening programmes, another thing Georgia is proud of having started in the sphere of reproductive health.

When the Secretary-General was in Georgia last year, I was happy to answer his question on what I was doing as First Lady. I was working on four out of the

eight Millennium Development Goals (MDGs) on a daily basis: extreme poverty, the reduction of both infant and maternal mortality rates, and infectious diseases. I will continue to do so and hope that our recently created first ladies' coalition for health will be innovative and get us closer to meeting the MDGs seven years from now. I will no longer be First Lady by then, but as a nurse I will be able to feel the difference that we can all make today. It is up to us to reach out and help wherever we can, here and now, offering better and more affordable care and treatment, respecting patients and health workers, and preventing infection through comprehensive awareness campaigns.

Repeating the pledge of last month's regional AIDS conference in Moscow that Governments in countries with health systems in transition must show their commitment through an increase in health budgets, we need not only to make our populations aware of health risks, but also to convince our Governments to invest in health. Yes, informed individuals will make healthy choices, but informed Governments will make healthy budgets.

The Acting President: I now give the floor to Mrs. Marie Francke Puruehnce, Executive Secretary of the National AIDS Control Council of the Republic of the Congo.

Mrs. Puruehnce (Congo) (*spoke in French*): Allow me first of all to convey to you, Sir, the warm greetings of His Excellency Denis Sassou Nguesso, President of the Republic, who for scheduling reasons was not able to attend this very important meeting.

My delegation would like to thank the Secretary-General for his advocacy and leadership in mobilizing the international community in the fight against HIV/AIDS and for the important report he has submitted for our consideration. The report shows clearly that, although significant progress has been made towards achieving the goals that we have set for ourselves, especially with respect to access to antiretroviral treatment, important challenges remain. Those challenges include universal access to prevention, treatment, care and psychological support, due to the gap between the available resources and real needs.

Since the adoption of the Political Declaration on HIV/AIDS of 2006, which reaffirmed the Declaration of Commitment on HIV/AIDS of 2001, the Congo, led by its President, has made significant progress by taking ambitious measures to address the HIV/AIDS pandemic. We should point out that, in our country, the total number of HIV-positive people is estimated at 140,000 out of 3.5 million inhabitants, which represents a prevalence rate of 4.1 per cent.

In order to respond to that scourge, which is a true public health problem and a serious obstacle to our development, the President of the Republic made a personal investment by serving as President of the National AIDS Control Council, which was set up 14 July 2004.

Since 2003, the Congo has implemented several of the activities outlined in its national strategic framework for the fight against the pandemic. Thus, despite the lack of resources, my country has resolutely committed itself to providing universal access to prevention, care and psychological counselling to the population in need.

Furthermore, the Government has taken important measures, including the provision of free antiretroviral drugs and free monitoring of HIV infection rates. The number of voluntary testing sites has significantly increased, from six in 2006 to 66 in 2008, thus significantly increasing the number of people seen at such sites every year. In addition, 28 centres provide treatment for people who are living with HIV and diagnosed as HIV-positive. We should also highlight the significant improvement in national coverage for mother-to-child HIV transmission prevention. In 2007, out of a total of 4,607 pregnant women who received HIV counselling and testing, 5.6 per cent were found to be HIV-positive.

In spite of such very significant progress, many challenges remain. Indeed, the coverage for people living with HIV is still quite low, because only 7 per cent of the total estimated number of patients are currently being covered. Out of 30,000 people who need antiretroviral treatment, only 8,843 are being monitored, 7,605 of whom receive antiretroviral treatment. There are other challenges in terms of sustainable partnerships, predictable financing and access to second- and third-generation antiretrovirals.

Indeed, the progress in my country has been made possible thanks to the multifaceted support of our bilateral and multilateral development partners, including the agencies of the United Nations system, the international financial institutions, the private

sector and civil society. I would like to thank them here for their valuable contributions and to acknowledge the courage and commitment of the associations for people living with HIV.

However, with respect to the numerous challenges that remain, my delegation takes this opportunity to call upon the international community to step up its efforts in the fight against HIV/AIDS and related diseases. The success of our battle against HIV/AIDS must include synergy and consistent action on the part of the international community. For its part, the Congolese Government will spare no effort in fulfilling the commitments that it has undertaken.

In conclusion, my delegation fully associates itself with the statements made by the representatives of Antigua and Barbuda on behalf of the group of 77 and China and of Egypt on behalf of the African Group.

The President: I now give the floor to Mr. Fred Sai, Presidential Advisor on Reproductive Health and HIV/AIDS of Ghana.

Mr. Sai (Ghana): Ghana wishes to align itself with the statements delivered by the representatives of Egypt on behalf of the African Group and of Antigua and Barbuda on behalf of the Group of 77 and China. Ghana recalls that it joined other countries in 2001 and 2006 in committing to the Declarations on HIV/AIDS.

HIV/AIDS is a visible and key component of the Ghana Poverty Reduction Strategy II and enjoys a very high level of political commitment and national leadership.

Ghana recognizes and appreciates the support of the Global Fund to Fight AIDS, Tuberculosis and Malaria, the World Bank's Multi-Country HIV/AIDS Program and Treatment Acceleration Project, other global health partnerships, as well as its bilateral and multilateral partners in the national response. We would also like to associate ourselves with the commendation given to the Joint United Nations Programme on HIV/AIDS under its great leader, Peter Piot.

That collaboration and support have sustained our national effort that has allowed us to maintain prevalence at approximately 2 per cent and has even led to a recent decline in the national HIV prevalence rate from 2.2 per cent to 1.9 per cent.

Ghana started a programme to make available a comprehensive package of prevention, treatment, care and support for persons living with and affected by HIV in 2003. Two years ago, we launched a massive scale-up programme. That has enabled us to increase the number of persons on antiretroviral therapy from 6,000 in 2006 to almost 14,000 — 66 per cent of whom are women — by the end of 2007. Currently, we face challenges that include increasing the proportion of HIV-infected children on antiretroviral therapy and rapidly reaching all persons eligible for therapy.

Another significant achievement is the expansion of prevention of mother-to-child transmission services. There are now over 420 centres across the country and access to prevention of mother-to-child transmission has increased four fold.

The role of civil society and community-based organizations has been remarkable in the national response. Associations of people living with HIV are active partners of the National AIDS Commission and its various committees. However, funding for those associations has decreased recently owing to diminished donor inputs.

As part of the national effort to ensure sustainable financing, however, the AIDS Commission has submitted a paper to the cabinet for the mobilization and establishment of a national AIDS fund. We hope that will be approved shortly.

We remain very concerned about the stigmatization and discrimination and we are strengthening and intensifying our national anti-stigma programme, one area of which is focused on encouraging HIV-positive people to stop stigmatizing themselves. We have extended those programmes to include faith-based organizations and traditional leaders. Additionally, workplace programmes in the public sector have assumed great significance.

Ghana recognizes the critical role of prevention in the fight against HIV/AIDS and continues to pursue a strategy to intensify prevention activities aimed at ensuring that the uninfected continue to stay negative, while addressing the high-risk behaviours, especially among youth, that predispose persons to HIV infection.

The co-morbidity of HIV and tuberculosis, at 30 per cent prevalence, is recognized in the national response.

Other key challenges facing the national response include the dwindling local resource allocation from our development partners, the feminization of the epidemic, reaching the vulnerable and marginalized populations, especially young persons, and accelerating care for orphans and vulnerable children and for the most at-risk groups.

An equally important challenge is our weak health system, a problem we have in common with other countries in the region, compounded by an insufficient number of health practitioners — one might even say the drainage or haemorrhage of health practitioners — from our country to other countries more endowed than ours, as well as a poor skills mix and infrastructure for quality care.

Tuberculosis and HIV co-infection remain a challenge, but we are giving out cotrimoxazole as a prophylaxis. Let me emphasize that HIV- and AIDS-related research — especially local, specific social science-based research for our programmes — is very necessary.

In concluding, let me agree with all those who have called for an equal emphasis on the health-related Millennium Development Goals (MDGs) and who have especially stressed the importance of those gender-related MDGs which require that we pay proper attention to the education of girls, sexual and reproductive health and rights for all.

The meeting rose at 5.55 p.m.

United Nations A/62/PV.107

General Assembly

Sixty-second session

Official Records

107th plenary meeting

Wednesday, 11 June 2008, 6 p.m.

New York

President: Mr. Kerim ..... (The former Yugoslav Republic of Macedonia)

In the absence of the President, Mr. Hannesson (Iceland), Vice-President, took the Chair.

The meeting was called to order at 6 p.m.

High-level meeting on a comprehensive review of the progress achieved in realizing the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS

Agenda item 44 (*continued*)

Implementation of the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS

Report of the Secretary-General (A/62/780)

Note by the President of the General Assembly (A/62/CRP.1 and Corr.1)

The Acting President: There are still 53 speakers inscribed on the list of speakers. In order to accommodate all the speakers for the high-level meeting, I would like to strongly appeal to speakers to limit their statements to five minutes.

I now give the floor to Mr. Howard Njoo, Director-General of the Public Health Agency of Canada.

Mr. Njoo (Canada): On this important occasion, where we are assessing the global progress we have made to meet our commitments under the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS, we can be proud of a number of accomplishments. At the same time, we must also focus on the remaining challenges to be overcome.

Stopping this epidemic requires progress in all regions of the world, and Canada remains committed to fulfilling the promises made at the Group of Eight summits in St. Petersburg and Heiligendamm where we committed to significantly scaling up efforts towards the goal of universal access to comprehensive prevention programmes, treatment, care and support by 2010.

The uneven nature of global progress in reaching the international targets involving treatment, prevention, care and support and the disproportionate effect of HIV/AIDS on regions and on populations most vulnerable to infection are unacceptable. Real progress can only be made through increased and coordinated global action, including the integration of affected communities into the design and development of country responses. The value of local knowledge, lived experience and meaningful inclusion of people living with HIV/AIDS cannot be overemphasized.

At the international level, there has been support for greater involvement of non-governmental organizations in the HIV/AIDS response. Canada has been supportive of civil society engagement at the Economic and Social Council and in the Coordination Board of the Joint United Nations Programme on HIV/AIDS. We are pleased that civil society representation continues to be an integral part of this high-level meeting on AIDS, and, as we have done

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previously, Canada has included two members of Canadian AIDS service organizations in our delegation.

We are also pleased to see that the interactive hearing with civil society that President Kerim chaired focused on a number of groups of people who are either infected or most vulnerable to infection, including children and young people living with HIV, women and girls, sexual minorities, sex workers and people who use drugs. That kind of openness and engagement helps to highlight key populations disproportionately affected by the epidemic and in need of urgent attention and programming. Awareness of how those populations are dealing with HIV is vital to combating HIV/AIDS-related stigma and discrimination.

Vulnerability to HIV infection significantly increases when legal, social, cultural and economic factors make it difficult for women and girls to protect their own health and the health of their families. Canada believes that those considerations should be integrated into prevention, care, treatment and support interventions.

(*spoke in French*)

Future global action must include enhanced national leadership, scaled-up responses in hyperendemic countries, as well as focused responses for those populations with concentrated epidemics. We must scale up national responses in a way that guarantees their sustainability while at the same time ensuring that the global commitment and response to the HIV/AIDS epidemic continues. As we have seen in Canada, without a consistent response, there can be a resurgence of infections in at-risk populations where infection rates were previously stabilized.

As greater numbers of people are able to access antiretroviral drugs, part of our response will be to ensure that persons living with HIV/AIDS have the tools and support they need to live healthy full lives while ensuring that the transmission of HIV is prevented. "Prevention for positives" must become an increasingly important part of the global response.

Canada is particularly concerned about the impact of HIV/AIDS and HIV-tuberculosis co-infection on marginalized populations, including indigenous peoples. Indigenous peoples suffer higher rates of both tuberculosis and HIV infection, and Canada is proud to support the collaboration of the Assembly of First Nations and the World Health Organization on the Global Indigenous STOP TB Initiative. That initiative encourages international indigenous leadership, the exchange of information and knowledge, community-based action and increased global awareness.

Canada remains committed to the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS, and to the development of a comprehensive, integrated and coordinated response to the HIV/AIDS epidemic. Through the provision of universal access to prevention, care, treatment and support, and through systematic respect for human rights and equality between men and women, the international community is capable of meeting our established targets and reversing the impact of HIV/AIDS.

The Acting President: I now give the floor to Mr. Gabriel Thimothé, Director-General of the Ministry of Public Health and Population of Haiti.

Mr. Thimothé (Haiti) (*spoke in French*): The Republic of Haiti is delighted to participate once again in this high-level meeting on HIV/AIDS, which aims to take stock of progress achieved by Governments of signatory countries of the Declaration of Commitment on HIV/AIDS of June 2001. Our country has understood the need to provide a coherent response to the problem of the HIV epidemic by making efforts to reduce its consequences. That response is intended to be multisectoral and inclusive and is buttressed by a political will that has survived ideological differences.

Notwithstanding the socio-political upheaval that my country has experienced over the last five years, Haiti has managed to consolidate tangible achievements in the fight against HIV/AIDS by maximizing the national endeavour and through international solidarity. Indeed, innovative approaches have been undertaken in order to control the epidemic and have made it possible to achieve significant results that warrant commendation.

The epidemiological profile has shown a steady decrease in the prevalence of HIV, which has dropped from 6.5 per cent in 1993 to 2.2 per cent in 2007, with a marked trend towards the female population, which calls for the formulation of more tailored strategies. The number of voluntary screening centres listed has increased to 127 from 27 in 2000. Last year, 317,324 individuals were tested for HIV, of whom 106,108 were pregnant women. There are 94 institutions that provide mother-to-child prevention services compared to three

before 2003. The number of sites providing antiretroviral drugs has also grown from two in 2003 to 47 last year. Thanks to the support of the Global Fund and the United States President's Emergency Plan for AIDS Relief (PEPFAR), 15,283 patients have been treated with antiretroviral drugs.

From the standard point of view, three national treatment protocols provide guidance for service providers with a view to better catering to adults and children exposed to or infected by HIV as well as to co-infected patients. Quality-control procedures have been put in place to assess the treatment of patients receiving antiretroviral drugs. This activity benefits in technical support from PEPFAR, as well as the Pan American Health Organization and the World Health Organization.

A partnership, based on solidarity between the public and private sectors, has facilitated the attainment of objectives that direct towards the national strategic plan, which is considered to be a benchmark for all our interventions, both in terms of prevention and on the assumption of responsibility. The involvement of civil society through organizations of women, young people, people living with HIV/AIDS, religious groups and journalist associations have given a tremendous boost to governmental action by bringing to play these various sectors.

Rigorous management of resources earmarked to the country have given rise to tangible efficiency and results, such as public awareness among vulnerable groups — including young people, migrant women, sex workers, men having sex with men — an increase in the prevalence of condoms and the creation of a national platform for people living with HIV. Furthermore, we should mention the emergence of support groups, a community care model developed in rural areas, as well as the drafting of legislation for civil and criminal responsibility when dealing with HIV. In the field of research, Haiti has been a test site since 2003 for clinical studies for tests of anti-HIV vaccines and has carried out a number of behavioural studies.

The success of the national HIV/AIDS control programme cannot overshadow the major challenges. Indeed, multisectorality is taking a long time to become a reality through the involvement of effective work in the sectoral ministries. The coordination of interventions remains a major concern for the Government, which is giving priority to synergy of action and streamlining of resources. A new dynamic is being developed, bringing into play the national anti-AIDS commission, the incorporation of tuberculosis/HIV programme, institutional strengthening and the decentralization of interventions, all to guarantee universal access and provide triple-therapy by 2010 for 30,000 patients. We are already seeing a greater involvement of individuals living with HIV in the area of planning, implementation of programmes and mobilization. That movement must be bolstered, since people living with HIV are essential players in the process. The national response is based on constant quest for consensus with the hope of involving all of society, because AIDS is, above all, a societal problem.

The Government of the Republic of Haiti avails itself of this opportunity to express thanks for the cooperation provided by the United States, France, Canada, the agencies of the United Nations system, the World Fund, PEPFAR and all of its partners for their support and it reasserts its commitment to continue the fight, which is part and parcel of our global development programme.

The Acting President: I now give the floor to Ms. Milena Stevanovich, National Coordinator of HIV/AIDS of the former Yugoslav Republic of Macedonia.

Ms. Stevanovich (the former Yugoslav Republic of Macedonia): It is my privilege and honour to address the General Assembly and to represent the Republic of Macedonia at this high-level meeting on HIV/AIDS. At the outset, I would like to express our gratitude to the Secretary-General for this timely opportunity to review the progress that has been made since the adoption of the Declaration of Commitment on HIV/AIDS in 2001, the Political Declaration on HIV/AIDS at the high-level meeting in 2006 and for his comprehensive report on the implementation of those two Declarations on such an important issue, which could endanger the future of our world. I would also thank the President of the General Assembly at its sixty-second session for convening the high-level meeting.

Since my country has aligned itself with the statement made by the Slovenian representative on behalf of the European Union (EU), allow me, in my national capacity to make some remarks which reflect the situation in my country.

The Republic of Macedonia is a country with a low prevalence of HIV. However, the fact that regional trends indicate continuous increase of HIV infection especially among most at-risk populations is rather worrying.

Health problems do not have borders — just like diseases, especially HIV. For this reason, our country's national response focuses on the prevention of HIV infection, aiming to prevent the HIV epidemic in a timely and efficient manner that always has a broader medical, social and economic impact at both the individual and community level. Regional and subregional aspects are always considered in our national activities.

As one of the countries that has signed the General Assembly's Declaration of Commitment on HIV/AIDS, the Republic of Macedonia undertakes the necessary steps to define strategic HIV priorities, implementing concrete activities, building sustainable systems and mobilizing financial resources according to their availability.

The HIV programme, supported by the Global Fund to Fight AIDS, Tuberculosis and Malaria, enabled our country to successfully implement the aims and activities defined by the strategy for the period 2003 to 2006.

Moreover, the programme contributed to the capacity-building of the governmental and non-governmental sector, including people living with HIV, for the planning and implementation of activities targeting HIV/AIDS prevention.

The experience gained during the implementation of the previous AIDS strategy, situation analysis, as well as the priorities defined through the national consultation process on universal access to prevention, treatment, care and support, are the basis for setting future priorities.

As an EU candidate country, our national response following the European Union recommendations is designed as a continuous process of well-defined measures and efforts by the Republic of Macedonia on both horizontal and vertical levels, not only as a short-term campaign. Therefore, the national strategy for HIV/AIDS prevention for the period 2007 to 2011 defines future directions for the overall response of our country to be fully committed to the achievement of the Millennium Development Goals, especially focusing on Goal 6.

The strategy promotes a broad public health approach, not only challenging aspects of health care, but also challenging social, cultural and educational aspects as well. My Government's approach of combating HIV/AIDS involves the prevention of an HIV epidemic and also the provision of appropriate treatment, care and support to people living with HIV/AIDS. Only through well-defined strategic priorities and their actual implementation following the "Three Ones" principles, did we create conditions for the successful prevention of HIV infection and the medical protection of populations.

If we consider that health is an investment in the overall economic growth and development, then the strategy of the Republic of Macedonia, with its cost-effective measures, contributes to building a health system focused on patient and citizen, with a well-defined public health direction. Everyone has a right to good health; thus society is responsible for the provision of an adequate HIV/AIDS treatment and prevention. I can, therefore, assure the Assembly that the Government of the Republic of Macedonia is firmly engaged in taking responsibility for a well-organized response to this challenge.

The Acting President: I now give the floor to Mr. Babatunde Osotimehin, Director-General of the National Agency for the Control of AIDS of Nigeria.

Mr. Osotimehin (Nigeria): At the outset, I wish to commend the President and the Secretary-General for giving the subject of HIV/AIDS the visibility it has within the General Assembly.

I also want to say that the Nigerian delegation wishes to align itself with the statements made on behalf of the Group of 77 and China and of the African Group. Furthermore, we also reaffirm the commitment of Nigeria to the African Common Position.

Nigeria considers the HIV/AIDS pandemic to be a major development challenge, and that has informed the decision of the Federal Government of Nigeria to host two successive African Union summits on HIV, in 2001 and 2006. The outcomes of those landmark events — the Abuja Declaration and Framework for Action for the Fight Against HIV/AIDS, Tuberculosis and Other Diseases of 2001 and the African Common Position of 2006 — continue to be the benchmarks of

national responses in Africa and indeed across the world. That was, of course, reaffirmed in 2006 by the Political Declaration and the acceptance of the principle of universal access.

Since the 2006 session of the General Assembly, Nigeria has continued to improve its policy environment considerably. Members may recall that, in 2005, Nigeria established a new strategic framework, which was put in place as our first multisectoral strategic plan expired in 2004. Given the federal nature of Nigeria, the federating States have also developed State strategic plans, which derive from the principles of the national strategy. Furthermore, the different sectors, including the health, education, youth and women's affairs sectors, have also established strategic plans that provide templates for implementing their various responses.

The lifespan of the strategic framework is five years and, at its midterm in 2007, it was reviewed. The outcome of the review has provided information for a two-year evidence-based national priority plan, which is currently being costed for implementation. Three outstanding features of note in the priority plan are the need to deepen our interventions in the prevention arena, re-strategize our behaviour change communication systems and provide greater care for orphans and vulnerable children. Thus, in the past year, we have evolved a national prevention plan, we are currently reviewing our behaviour change communication strategy in order to address the unique features of our national epidemic, and we are also strengthening our strategy and plans for orphans and vulnerable children.

In addition to those policy initiatives, and given the dynamics of the global response to HIV, during that same period we reviewed HIV counselling and testing, the prevention of mother-to-child transmission and treatment guidelines in Nigeria. That has all been achieved through a deliberate inclusion and the active participation of all stakeholder groups at the national level and in all 36 States and 774 local government areas of Nigeria.

We are glad to report that Nigeria has made considerable progress in seeking to achieve the principles of universal access and, ultimately, the Millennium Development Goals as they relate to HIV/AIDS. As of the end of the first quarter of 2008, we have provided access to prevention of mother-to-child transmission programmes in 250 sites across the nation, a major change from 2006 when there were only 50. The number of HIV counselling and testing sites has also substantially increased, to 813, and the current evidence we have shows that at least 3 million Nigerians have been counselled and tested. As of the end of 2007, 285 million condoms had been distributed, which represents an 11 per cent increase in condom distribution over the previous year.

With regard to our antiretroviral treatment programme, cumulatively 269,000 people living with HIV/AIDS have accessed treatment out of the estimated 500,000 who need treatment, which clearly represents more than 50 per cent. The different arms of Government indeed provide that access for free. As of 2005, we had 97 treatment sites; now we have 251. With regard to orphans and vulnerable children, we have been able to reach only about 10 per cent with support and care. That we regard as a challenge. However, given the attention that Governments at different levels in Nigeria and civil society are now giving to that aspect of our response, we expect that there will be a considerable increase in the next few years, which will ensure that the targets for universal access by 2010 are achieved.

All the efforts and results that have been articulated would not have been possible without the strong political will of our various levels of Government, which has been translated into increased public policy and domestic funding. Nigeria has adopted the principles of the "Three Ones", signed the Paris Declaration on Aid Effectiveness and has domesticated the recommendations of the Global Task Team on Improving AIDS Coordination among Multilateral Institutions and International Donors. That enabling environment has provided the coordinating agencies, the National Agency for the Control of AIDS and State agencies and committees the necessary authority to provide ownership and leadership at all levels. Furthermore, it has facilitated the active participation of people living with HIV/AIDS, civil society organizations, the private sector and faith-based organizations, which have contributed immensely to the response.

Indeed, the greater involvement of people living with HIV/AIDS in programme formulation and implementation has significantly contributed to the reduction of stigmatization and discrimination in Nigeria. Today, there are more than 500 support groups for people living with HIV/AIDS. Since the last special

session of the General Assembly on HIV/AIDS, Nigeria has inaugurated a women's coalition against AIDS, which is decentralized to ensure the effective mobilization of women to access information and services. It is important at this juncture to acknowledge that the progress we have made so far in Nigeria would not have been possible without the contributions of those civil society organizations.

Our development partners have made major contributions to our efforts in fighting the epidemic in Nigeria. Those include our United Nations partners — particularly the Joint United Nations Programme on HIV and AIDS — the Global Fund and the British Department for International Development. A special mention should be made of the United States President's Emergency Plan for AIDS Relief because of its substantial contribution to our treatment programme.

Even though the aid architecture is favourable to HIV at this point, Nigeria has evolved an overseas development assistance policy that ultimately seeks to make domestic resources the core support for all our programmes, thus ensuring sustainability over time.

Nigeria has come a long way in its fight against HIV/AIDS. While we have made some modest progress towards the attainment of our international commitments, there are still a few challenges. Coordination and harmonization continue to present a challenge, which we are working to overcome. We recognize that the resources available for AIDS can be extended to strengthen health systems such that HIV/AIDS care and support can be further integrated into our health-care delivery system. In Nigeria, we have made the commitment to fight AIDS to the finish, as we say in our local parlance.

The Acting President: In order to accommodate all the speakers in the high-level meeting, I would again like to strongly appeal to speakers to limit their statements to five minutes. Longer texts, of course, can be distributed.

I now give the floor to Mr. David Kihumuro Apuuli, Director-General of the AIDS Commission of Uganda.

Mr. Apuuli (Uganda): The President of the Republic of Uganda sends his greetings, wishes the General Assembly fruitful deliberations and has requested that members accept his apology for not being able to be with them in New York.

However, his commitment to the global struggle against the AIDS pandemic remains unshakable. Members may recall that Uganda was the epicentre of the AIDS epidemic in the early 1990s and recorded the earliest evidence of a successful response when, by 2002-2003, the national prevalence had dropped from 18.6 per cent and 30 per cent in some sentinel sites to a national average of approximately 6.1 per cent.

The Secretary-General's report indicates that the world is at a crossroads. Despite a marked increase in resources over the past two years, the number of new infections continues to rise every year despite our success in providing antiretroviral treatment to more people, which saves many lives. For every two persons put on treatment, five people get infected.

There is one glaring lesson that must quickly sink in, and that is that we must all think outside the box. There is need to analyse the drivers of the epidemic country by country, and every country must know its epidemic so that appropriate strategies are put in place.

It is also important that we all move together beyond measuring our success by looking at prevalence trends to looking at incidence and rates of new infections, because we know that prevalence is not a good indicator of what is happening in countries. We applaud the work of the Joint United Nations Programme on HIV/AIDS in five East African and southern African States, including mine, in helping to quickly generate data from modelling studies on HIV/AIDS transmission.

The Uganda epidemic is an excellent example to help the world to understand the different stages of the AIDS epidemic. Each country is different. Today in Uganda, we have a second-generation epidemic, which is generalized. Studies show that the largest number of new infections is occurring in persons older than 30 years, largely driven by the behaviour of married couples. The report indicates that the majority of new infections do not occur among young people. To make matters worse, only 10 per cent of the people know their HIV status, and discordance is as high as 48 per cent. The end result is that prevalence has stagnated between 6 and 6.5 per cent with evidence of increasing new infections.

What is clear is that the message for our people must be that each person's first choice for remaining healthy is to not become infected and that antiretroviral treatment and other interventions are only the second choice.

There are studies indicating that there is a stabilization, or what we call normalization of the epidemic. People's perception of risk has greatly changed with the arrival of antiretrovirals. Results indicate that people are indulging in risky sexual behaviour in the belief that drugs are now available. Therefore, scaling up antiretroviral treatment requires careful and targeted appropriate messages. That is also true of any new prevention treatment technologies that we introduce, lest we lose the little success we have gained.

It is not sufficient to know one's epidemic if this knowledge is not going to determine how donor resources are applied. The various countries' strategic plans must be the basis for resource allocation. We must therefore move away from earmarking resources.

Uganda would like to sincerely thank the American Government for the United States President's Emergency Plan for AIDS Relief funding, as well as the Global Fund for AIDS, Tuberculosis and Malaria. We thank the United States Congress for passing the United States President's Emergency Plan for AIDS Relief reauthorization bill and ask the Senate to also ratify it as soon as possible.

The challenge we face to achieve universal access by 2010 in my country is that we require far more resources. That is also true of many other countries. It had been estimated that, in order to achieve the 80 per cent treatment target for people who need antiretrovirals in the next five years in Uganda, the country would need nearly $700 million. That is based on a T-cell or CD4 count of 200 for one to be eligible for treatment. Implementing the World Health Organization's recommendation of 350 CD4 count will require over $1 billion. That challenge underscores the sense of urgency to focus on prevention.

In his remarks, Mr. Fauci emphasized the absolute necessity to continue our quest to find an AIDS vaccine. The voices we hear that say that money should not be wasted on research for an AIDS vaccine are quickly forgetting history. Where would the world be if there had never been persistence and resoluteness to discover vaccines for smallpox and polio, among others? Uganda strongly urges the world to continue in the search for an AIDS vaccine.

My country stands ready to implement the recommendations of the General Assembly's special session on HIV/AIDS.

The Acting President: I now give the floor to the chairman of the delegation of the Syrian Arab Republic.

Mr. Ja'afari (Syrian Arab Republic) (*spoke in Arabic*): I would like to announce at the outset that my delegation associates itself with the statement of the G-77 and China.

Stemming the spread of AIDS is still an international, regional and local objective because of the danger that the disease poses to human society and its socio-economic development. The number of new HIV cases in 2007 exceeded 2.5 times those of 2006. That imposes a heavy burden on the peoples of the world.

It is likely that the consequences of the disease will only increase as the list of countries severely afflicted by it grows. It is difficult to predict with any degree of certainty how the epidemic will spread throughout the world if effective measures are not taken to raise awareness of the dangers of the virus, if people are not encouraged to change behaviours, and if effective means to prevent its spread, new treatments and medication or an effective vaccine are not found. Moreover, access to all of the aforementioned must be facilitated and the financial and human resources necessary to complete those tasks must be mobilized.

Despite the fact that cases of HIV/AIDS in Syria are limited, the State is making intensive efforts to combat the disease. The national plan to combat AIDS in Syria is based on the following foundations.

First, the National Committee to Combat AIDS is working to mobilize effective national efforts to combat the epidemic. The Committee is multisectoral, includes governmental and non-governmental bodies and is chaired by the Minister of Health.

Secondly, the State has adopted a preventive strategy with the purpose of stemming the spread of the disease. The strategy includes providing HIV/AIDS information and awareness programmes, with special focus on youth. It also offers counselling services and voluntary testing for HIV/AIDS throughout the

country, guaranteeing easy and free access to those services. It also guarantees confidentiality, privacy and credibility as well as freedom from discrimination and stigmatization. The plan also guarantees safe blood transfusions throughout the country and at all levels of health care. The national strategy is also implemented nationwide to prevent transmission from affected pregnant mother to child. Lastly, several studies and research projects into contagious diseases have been conducted to counteract high-risk elements, especially behavioural ones, and in order to formulate preventive strategies.

Thirdly, in 2006 and 2007, legislation and guidelines were formulated with respect to the prevention of diseases, including AIDS, in a manner that guarantees the rights of those affected by the disease. The new laws guarantee medical care, provide for psychiatric and social support, combat stigmatization, and ensure respect for the rights of patients in their daily lives, including protection in the workplace and in education.

Fourthly, the national plan to combat AIDS prioritizes the positive impact of religious and cultural beliefs, traditions and principles in society and the role that such assets can play in supporting efforts to combat the disease by encouraging safe practices and combating discrimination and stigmatization.

Fifthly, the national plan also gives special attention to protecting individuals who are at high risk because of their life situations, either as a result of travel or immigration, or because of their unsafe behavioural practices, such as using drugs intravenously or working in the commercial sex industry.

Lastly, Syria has adopted internationally agreed policies in combating AIDS. There is effective coordination between the national programme to combat AIDS, the bureaux of the relevant international organizations, and civil society agencies.

I can only express serious hope that donor and wealthy countries will support the Global Fund to Fight AIDS, Tuberculosis and Malaria, allowing it fully to meet its commitment to supporting national plans to combat AIDS, especially in developing countries. We also hope that serious efforts will be made to provide treatment and medicine and to facilitate affordable access to them for all States. Moreover, we ask that support and encouragement be given to scientific research institutions for work to develop a cure for or vaccination against that dangerous disease.

The Acting President: I now give the floor to Mr. Moustafa El-Nakib, Director of the National AIDS Programme of Lebanon.

Mr. El-Nakib (Lebanon) (*spoke in Arabic*): With its low rate of HIV prevalence, Lebanon, a part of the Middle East and North African region, is no different from its neighbouring countries. Our successive Governments have adopted a strict policy to curb the spread of HIV/AIDS ever since it was discovered. For instance, the Government of Lebanon has established a national AIDS control programme that has worked diligently to promote information and awareness about the disease and to educate different social classes and age subgroups about its prevention. Moreover, there is a special focus on reaching those with the highest-risk behaviour and socially marginalized groups. Lebanon was among the first States in the region to adopt a scientific approach to stemming the spread of HIV. It has worked to create a national strategic and action plan to implement its objectives with respect to HIV/AIDS. The Government has also allocated all available human and financial resources to that task, with the help of civil society, scientific institutions and international organizations.

The painful circumstances that Lebanon has been experiencing have been a great obstacle to achieving many of the objectives specified in the national strategic plan. Despite our various achievements in providing treatment to those affected by AIDS and services to their families in addition to the services we offer to high-risk and marginalized groups and the research and studies we have conducted, we in Lebanon still intend to undertake further planning and action in order to keep pace with the rapidly evolving developments in combating the disease internationally.

Lebanon signed the Declaration of Commitment on HIV/AIDS in June 2001. That was clear evidence of the commitment of Lebanon's Government and people to combating the spread of the disease. Therefore, in the name of the Lebanese Government and people, I beseech the international community to help Lebanon in its current crisis, especially with the heavy burden of its $40 billion national debt. Moreover, Lebanon's average per capita income disqualifies it from seeking help from the Global Fund to Fight AIDS, Tuberculosis and Malaria.

Recent events in Lebanon, both political or security-related, delivered an additional blow to the Government's efforts to curb the spread of the disease. However, the recent rapprochement among the various Lebanese factions is a good omen for the future of the country. Here, Lebanon's international friends have a role to play in helping it once again to rise from the ashes, as it has always done.

Lebanon relies on its national resolve to continue and to persevere. However, it requires the support of the international community to underwrite that resolve and to help it succeed in its fight against HIV/AIDS.

The Acting President: I now give the floor to Mr. Ali Yousef Al-Saif, Assistant Under-Secretary for Public Health of the Ministry of Health of the State of Kuwait.

Mr. Al-Saif (Kuwait) (*spoke in Arabic*): I am gratified to head the delegation of the State of Kuwait to this high-level meeting on the HIV/AIDS epidemic. It is also my pleasure to convey the greetings and best wishes of the Amir of the State of Kuwait, Sheikh Sabah Al-Ahmad Al-Jaber Al-Sabah, for the success of the work of this important meeting, which seeks to promote cooperation between States to limit the spread of the disease.

It is my pleasure also to express gratitude and appreciation to the Secretary-General and the Joint United Nations Programme on AIDS for their pioneering and decisive efforts in combating HIV/AIDS. The State of Kuwait supports the efforts of the relevant organizations to prevent the disease and reiterates its total adherence to the Declaration of Commitment on HIV/AIDS, adopted by the General Assembly in 2001, as well as to the Political Declaration on HIV/AIDS, which the General Assembly adopted in 2006.

Despite the low number of AIDS cases registered in the State of Kuwait, it has attached great importance at the highest level to combating the disease. In 1988, a national high-level committee was established for the prevention of HIV/AIDS, comprised of representatives of relevant ministries and non-governmental organizations. The committee has devised strategies and workplans for the prevention of HIV/AIDS.

In view of the danger that HIV/AIDS poses to general health, the Amir of the State of Kuwait issued legislation in 1992 aimed at stemming the disease and guaranteeing the rights of those stricken by it.

The State of Kuwait has also participated in the activities organized by the Joint United Nations Programme on HIV/AIDS (UNAIDS) and provided training to all those working in this field so that they might participate in preventive programmes. Furthermore, specialized centres have been established to raise awareness and provide HIV/AIDS counselling and voluntary testing.

In terms of treatment, the State of Kuwait has provided HIV/AIDS patients, free of charge, with all the medication needed to treat the disease at all stages. Moreover, since 1985, the State of Kuwait has attached great importance to the safety of the blood supply and blood derivatives in the country. It has supplied the blood bank with state-of-the-art equipment to guarantee that the blood and its derivatives are safe and uncontaminated by HIV.

The State of Kuwait was among the first countries to hold conferences on that subject. Five international conferences on AIDS have been held in Kuwait. These conferences sought to acquaint the medical sector with the latest developments concerning the disease as well as with preventive measures. On the margins of the conferences, public seminars were held for people of all ages in order to raise awareness of this disease.

The World Health Organization (WHO) has approved the viral laboratory in the State of Kuwait as its reference laboratory in the Eastern Mediterranean region. Kuwait participates annually in World AIDS Day, organized by the WHO, with a view to raising awareness and increasing prevention. The State of Kuwait supported the United Nations initiative in establishing a Global Fund to Fight AIDS, Tuberculosis and Malaria and has made financial contributions to the Fund to combat the disease.

In closing, I would like to wish this meeting great success. It has provided us with an opportunity to seriously discuss not just the new developments but also the future challenges and the means to overcome them, especially since we are only two years away from the deadline for achieving universal access to HIV prevention, treatment, care and support by 2010. I hope that this meeting will deliver recommendations containing practical solutions that will effectively contribute to limiting the spread of the disease.

The Acting President: I now give the floor to the chairman of the delegation of Denmark.

Mr. Staur (Denmark): I welcome this opportunity to address the General Assembly and shall at the very outset align myself with the statement of Slovenia as President of the European Union.

The world is full of paradoxes. We all know that, but it is unbelievable here, eight years into the new millennium, that so many women around the world still have no rights to make decisions with respect to their own bodies. That paradox is central to our meeting today.

At least 76 per cent of young people between the ages of 15 and 24 living with HIV are women. Women represent 61 per cent of the HIV-infected adults in Africa, and infection levels among adolescent girls in Africa are several times higher than among boys. Even today, many women bear the heavy burden of not being able to give birth to children without transmitting HIV at the very same time.

One of the reasons for that situation is gender discrimination. Gender discrimination simply increases vulnerability to HIV/AIDS among women and girls. Social restrictions, lack of financial security, and lack of access to education and employment all limit women's opportunities and their ability to protect themselves against HIV/AIDS.

In many parts of the world, women do not have the right to question their partner's behaviour or to ask their husband to use a condom, even when he has several sex partners. Violence against women and girls also leads to increasing numbers of women being infected, and fear of violence makes it even more difficult for women to negotiate condom use. Today, less than 20 per cent of all sexually active young people use condoms, and by not doing so they risk their lives. Young women are three times more vulnerable to HIV infection than young men.

Challenging gender inequality and negative gender roles is absolutely critical in combating HIV/AIDS. In the 2001 United Nations Declaration of Commitment on HIV/AIDS, Denmark, together with other Governments, pledged to create multisectoral strategies to reduce the vulnerability of girls and women. That commitment is also reflected in the Danish strategy for gender equality and in our strategy to fight HIV/AIDS.

There is a strong linkage between HIV/AIDS and sexual and reproductive health and rights. We must work to ensure that HIV prevention is better integrated into reproductive health services and vice versa. We must maintain our full support for the search for new prevention options for women, and we must keep on challenging traditional norms and behaviour in order to provide protect women's sexual and reproductive health and rights. Reducing the stigma and the discrimination associated with HIV and targeted interventions for vulnerable groups like sex workers and drug users are essential to improve access to reproductive health services. Furthermore, better access to family planning services is essential to enable increased condom use and to enable a substantial reduction of mother-to-child transmission, which currently causes 1,500 new infections every single day.

Our collaboration with Mozambique clearly demonstrates a large-scale potential for preventing HIV transmission by way of information and the training of young people. Together with the United Nations Population Fund and our partners in Mozambique, Denmark is actively engaged in peer education of young people who are trained to provide advice to other young people on condom use, sexual and reproductive rights and abortion. The programme has now shown such potential for changing young peoples' sexual behaviour that it has been scaled up to cover all parts of Mozambique.

Strong political leadership and commitment are essential to move more rapidly towards our common goal of universal access by 2010. We should all stick to that goal. I am pleased to confirm that HIV/AIDS will remain a strategic priority for the Danish Government in the years to come. Denmark is fully committed to strengthening its efforts to fight the disease, with special focus on sub-Saharan Africa. Accordingly, we will fulfil our goal of doubling our assistance to HIV/AIDS efforts by 2010, and we will focus our contributions on reaching the internationally agreed HIV and AIDS targets through our bilateral development cooperation, as well as through our contribution to multilateral efforts, including the Global Fund.

This year, Denmark has taken the lead in a global call to action on gender equality and the economic empowerment of women. Our reasoning is that gender equality is key to accelerating progress on the other development goals, including the Millennium

Development Goal (MDG) on the fight against HIV/AIDS. As part of that global call to action, many leaders from Governments, the private sector and civil society have received a specific MDG campaign torch and have committed to do something extra to promote gender equality. I am also happy to announce that the Secretary-General has accepted to join in this effort and will receive the last torch at the United Nations high-level meeting on the Millennium Development Goals to be held here in New York on 25 September.

The Acting President: I now give the floor to the chairman of the delegation of Japan.

Mr. Takasu (Japan): A quarter of a century has passed since HIV/AIDS was recognized by the public as a social issue. Significant strides have been made since then. However, humanity is still confronting one of the deadliest diseases in history, which has taken more than 25 million lives throughout the world. For developing countries, tackling health issues, including such infectious diseases as HIV/AIDS, is one of the major challenges of development as a whole.

Large amounts of financial resources, both public and private, have been mobilized for tackling HIV/AIDS. However, in order to achieve universal access to prevention programmes, treatment, care and support by 2010, and also to achieve the related Millennium Development Goals (MDGs) by 2015, it is crucial to scale up, strengthen and implement efficient interventions and to increase the positive impact of support programmes. From that point of view, we highly appreciate the efforts made by the Joint United Nations Programme on HIV/AIDS to achieve universal access for those suffering from HIV/AIDS.

Japan will continue to cope with global health issues from the human security perspective, which is a human-centred and integrated approach. Furthermore, as emphasized at the HIV-Tuberculosis Global Leaders' Forum held the day before yesterday, we should not overlook the spread of HIV-tuberculosis co-infection. An integrated approach is essential. Japan will work with developing countries by making use of its own experience of having overcome high tuberculosis rates in its post-war history.

At the G-8 Okinawa summit in 2000, Japan took up, for the first time in the G-8's history, the issue of HIV/AIDS and other infectious diseases as a priority, and initiated a global action plan. From that, many things were born. The G-8 leaders have set numerical targets and launched the Global Fund to Fight AIDS, Tuberculosis and Malaria. That has driven the international community to new heights in its campaign against HIV/AIDS.

The MDGs and the United Nations 2001 Declaration of Commitment on HIV/AIDS set an important target in that fight. To meet those challenges, we must mobilize more support and resources through multilateral and bilateral channels. Japan has extended strong support, amounting to $850 million so far, to the activities of the Global Fund in view of its important contribution, particularly a participatory approach and a promising future. On 23 May, Prime Minister Fukuda pledged an additional contribution to the Global Fund, totalling $560 million.

In developing countries, an increasing number of international aid agencies, civil society organizations and private sector partners have been involved in the health sector. It is therefore important for all health-related stakeholders to coordinate better in order to avoid duplication and to achieve maximum results.

Equally important is the strengthening of health systems and community health care. Actions targeted to specific infectious diseases cannot be implemented effectively without first improving health systems. Fragile health systems are one of the biggest obstacles to combating infectious diseases in developing countries. In that regard, Japan thanks the World Bank and the Global Fund for their efforts in strengthening the health systems in many developing countries.

Last month, the Fourth Tokyo International Conference on African Development (TICAD IV) reaffirmed the importance of strong commitment by national leaders and of sustained partnerships in the fight against infectious diseases. TICAD IV particularly stressed the importance of strengthening health systems and improving maternal, newborn and child health by addressing the capacity-building of health workers and the brain-drain of skilled health workers from developing countries.

Specifically, the TICAD Action Plan agreed that we should strive to promote training and the retention of health workers in order to contribute to achieving the World Health Organization goal of at least 2.3 health workers per 1,000 people in Africa. To that end, Japan, in collaboration with the Japan International Cooperation Agency, commits itself to providing

training for 100,000 health and medical workers, including skilled birth attendants, in African countries.

The outcome of TICAD IV will be fully taken into account in the high priority discussion of health issues at the G-8 Hokkaido Toyako Summit in three weeks' time. We hope our political leaders reaffirm the comprehensive and balanced approach that promotes both the strengthening of health systems and the introduction of specific methods for controlling HIV/AIDS.

The Acting President: I now give the floor to the representative of Luxembourg.

Mr. Olinger (Luxembourg) (*spoke in French*): First of all, I should like to endorse the statement made by the representative of Slovenia on behalf of the European Union.

Regarding the scourge of HIV/AIDS, the subject of today's meeting, I should like to emphasize the particular importance Luxembourg attaches to prevention, the strengthening of health systems and to equal access to basic care for all, as well as to the commitments made in 2001 and 2006 by all States on national and international resources to fight HIV/AIDS.

Luxembourg would like to thank the Secretary-General in particular for the recommendation made in the report prepared for this occasion (A/62/780), especially concerning the important role to be played by national political leaders with regard to the viability and durability of national and international action, as well as the action to ensure gender equality in the context of combating HIV/AIDS. My country is of the view that the United Nations has the prime role to play in coordinating, strengthening and monitoring the fight against HIV/AIDS, particularly through the Joint United Nations Programme on HIV/AIDS (UNAIDS).

Health and education are priorities for Luxembourg. In 2007, official development assistance (ODA) in Luxembourg accounted for 0.92 per cent of its gross national income, nearly 20 per cent of which was committed to health and almost 15 per cent to education. A large proportion of those resources were devoted to projects and programmes directly targeting the fight against HIV/AIDS and its co-infections, the strengthening of health systems and capacity-building, research and the development of treatment, particularly antiretroviral treatment for children, as well as activities to raise awareness and education on no-risk behaviour. Luxembourg's main international partners in that area are the World Health Organization, UNAIDS, the United Nations Population Fund and UNICEF, as well as the Global Fund to Fight AIDS, Tuberculosis and Malaria.

With a view to establishing a joint resolute, flexible and long-term action, in 2007, Luxembourg undertook to devote some €5 million to the initiative AIDS 2031, launched by UNAIDS, to develop a strategy to fight HIV/AIDS up to 2031, the year that marks the fiftieth anniversary of the epidemic.

We welcome the fact that the international debate is again attracting the attention of decision makers worldwide regarding the urgency of implementing the Millennium Development Goals (MDGs). It is true that combating HIV/AIDS is foremost part of the realization of Goal 6 of the MDGs, but also has a direct link with the implementation of all the MDGs, including Goal 4 on reducing child mortality and Goal 5 on improving maternal health.

In that context, I should like to emphasize the fact that the theme of the high-level segment of the Economic and Social Council's 2009 session under the presidency of Luxembourg will be devoted to implementing the health-related MDGs. Moreover, at the European Union's initiative, the World Health Assembly has also specifically dealt with the implementation of the health-related MDGs.

The spread of the HIV/AIDS epidemic is a worldwide concern. Every day, millions of people in each of the countries represented here are affected by HIV/AIDS. Luxembourg has a low rate of incidence, but nonetheless the number of infections has doubled since 1990. In Luxembourg, the HIV/AIDS infection is above all transmitted sexually, almost equally among homosexuals, bisexuals and heterosexuals. Depending on the year, between 5 and 15 per cent of new infections is through drug injections. Luxembourg implements a risk-reduction programme with substitution medication and syringe- and needle-exchange programmes, including in prisons. Also, there is voluntary screening, and testing which require informed consent and which are confidential and accompanied by counselling. No test can be demanded upon employment or in the work situation. No HIV test can be requested as part of immigration formalities. There are no travel restrictions on persons who are

infected with HIV/AIDS. Access to treatment is easy and encouraged, irrespective of nationality, and is fully covered by social security.

Luxembourg believes that HIV/AIDS will be with us for many years and that we must establish and urgently strengthen throughout the world structures that allow for effective action. There are three main global challenges in the years to come. First is access to both prevention and treatment services on an equal and fair basis for men and women, sexual minorities, intravenous drug users, sex workers and prisoners. Second is the quality of services offered — integrated services that are not separate for HIV, and the co-infections of tuberculosis, hepatitis C and hepatitis B, services that offer risk reduction for drug users and clear separation in public health and preventive measures. Third is strong political leadership combined with cooperation at all levels with civil society, non-governmental organizations and, above all, those living with HIV/AIDS.

We need courage, lucidity and determination in meeting those challenges to consolidate the progress that we have made in recent years. We must show continued determination because the lives of millions of people depend on it.

The Acting President: I now give the floor to the chairman of the delegation of the Libyan Arab Jamahiriya.

Mr. Alakhder (Libyan Arab Jamahiriya) (*spoke in Arabic*): At the outset, we would like to extend our gratitude to President Kerim for his initiative in holding this important meeting. We also would like to thank the Secretary-General for his report (A/62/780), which include important recommendations and conclusions to help us evaluate the progress achieved in the efforts to combat the HIV/AIDS epidemic.

This high-level meeting gives us the opportunity at the international level to review and assess the changes that have taken place since this horrible epidemic was first discovered in the early 1980s, and which now claims over 5 million lives worldwide each year.

The Libyan Arab Jamahiriya was one of the first States to support international efforts to combat the epidemic. In implementing the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS, we have undertaken several activities. In 1992, the Algaddafi International Prize for Human Rights was awarded to the African Centre for Combating AIDS, which was inaugurated in 1993. My country also established the National Committee to Combat HIV/AIDS, which actively endeavours to raise awareness throughout society, using various media, in order to help combat AIDS. We also have a Healthcare Planning Commission, which has undertaken several activities and measures to prevent the spread of the epidemic and protect society. Among its activities was the establishment of 10 specialized clinics and four hospices for patients who require continuous support and care. We also established a special advisory committee to combat HIV/AIDS and we support the Tajura Centre, which specializes in the treatment of drug addiction. My country has also hosted numerous foreign experts in order to benefit from their expertise in that area. We also maintain blood banks and support them in their provision of all forms of tests and analyses related to the epidemic.

The report of the Secretary-General points to tremendous progress in the fight against the epidemic. There is, however, considerable divergence in that progress. The scale of the spread of the epidemic often exceeds the scale of the services provided. We therefore emphasize the recommendations contained in the report of the Secretary-General because they are crucial in helping to overcome the failures and shortcomings that could occur in the elaboration of national policies and programmes to combat the epidemic.

In conclusion, we call upon the international community to mobilize human and material resources to combat the dangerous epidemics of AIDS, malaria and tuberculosis. We call for concerted international efforts to combat the epidemic, which is truly the scourge of the age. That will be possible only by raising health and educational awareness and strengthening religious morality, which can control sexual conduct, which should take place only in the context of a marriage between a man and a woman, with no deviation that contradicts human nature as created by God.

The Acting President: I now give the floor to the representative of the Philippines.

Ms. Banzon-Abalos (Philippines): It is an honour to engage in this debate on the assessment of global progress in curbing the HIV/AIDS pandemic. I

would like to thank the Secretariat for preparing the background report that gives us a picture of the global HIV/AIDS situation and outlines a number of important key recommendations that we should consider.

We used to think that the HIV/AIDS situation in the Philippines was always "low and slow". While the overall number of HIV-infected persons in the country remains below 0.1 per cent of the population, half of those cases were detected only in the past seven years. That hidden and growing situation is reason not to be complacent in our efforts. Moreover, because HIV/AIDS affects Filipinos during the peak of their economically productive years, HIV/AIDS is not just a health concern; it is a development concern. Therefore, the cornerstone of the country's efforts on HIV/AIDS remains the prevention of its further spread and acting ahead of the epidemic. Our efforts are anchored in our national law on HIV/AIDS, the Philippine AIDS Prevention and Control Act of 1998, to which amendments are currently being considered to make it more responsive to the evolving dynamics of the disease.

The "Three Ones" are also in place in the country. With the Philippine National AIDS Council as the coordination hub, we have developed medium-term plans, including a costed operational plan, to determine where resources could have the greatest impact and what strategies and interventions must be prioritized. The Secretary-General's report once again highlights that, despite the impressive resources mobilized, the gap between resources and actual needs continues to increase annually. We therefore call for enhanced resources and for those resources to be targeted at the high-impact areas that serve the needs of concerned countries.

At the national level, the Philippine Government has developed guidelines, standards and protocols for HIV case reporting; voluntary counselling and testing; treatment, including the provision of antiretroviral drugs; and care and support. We have also strengthened the capacities of health-care providers and created HIV/AIDS core teams made up of medical specialists and social workers in government hospitals, in partnership with non-governmental organizations.

Through our Department of Labour, we have developed a national workplace policy that gives guidance on how to deal with HIV/AIDS in the workplace. Moreover, in order to sensitize our embassies and consulates on HIV/AIDS issues, we have integrated HIV/AIDS and migration in the training of our foreign service personnel.

The effort to fight HIV/AIDS can be successful only if it closely involves the communities and groups that are most at risk. Because of our decentralized system of governance, our local Government units are charged with integrating HIV/AIDS into their local health systems. A growing number of local government units have institutionalized HIV/AIDS and programmes to prevent and control sexually transmitted diseases in their local development plans and matched them with the corresponding budgets. Furthermore, through community-based approaches — which include information dissemination, health services and even behaviour-change strategies — we are able to reach out to people strategically and to target vulnerable groups.

Influencing local leaders is by no means an easy task. We therefore highlight good practices for them to emulate. For example, we have publicly featured the impressive work on HIV/AIDS of such model cities as Laoag City, which is north of the capital of Manila, and Zamboanga City, to the South, to inspire other cities to do the same. In addition, despite the negative perception of harm reduction programmes, we have managed to use those programmes as examples of how to involve and empower persons at the greatest risk, such as injecting drug users and men who have sex with men.

Indeed, systematic monitoring and evaluation are key to knowing the epidemic and knowing what steps to take to avert its spread. The establishment of a monitoring and evaluation system in the Philippines is a continuing multi-stakeholder effort that requires the partnership of national and local Governments, as well as civil society. In establishing it, we have identified critical issues, such as the need to develop better data collection and compatibility, the importance of having the right technologies and capacities for documentation and monitoring and the need to improve communication lines with stakeholders, including government and civil society actors.

We have only two years to go before the target date set for achieving universal access. We are also already halfway towards the target date set for the achievement of the Millennium Development Goals.

Can we still make it? The people working on the ground against HIV/AIDS are clamouring for real political leadership. Even at this date, not all leaders are aware of the seriousness of the issue. Therefore, while we have the words and the plans, more often than not we do not have the corresponding implementation. We also do not have the corresponding resources.

If our plans are to have a real impact on the disease, we need to sustain our actions and resources. Can we intensify cooperation among Governments and with international organizations and non-governmental organizations to generate more resources and share our knowledge, capacities and technologies? HIV/AIDS finds a conducive breeding ground in environments of poverty, ignorance, discrimination, social marginalization and gender inequality. That means that if we are to stamp out HIV/AIDS in the long term, it will require grounding our response in a broader development and human rights framework.

The Acting President: I now give the floor to the chairperson of the delegation of Rwanda.

Ms. Binagwaho (Rwanda) (*spoke in French*): It is an honour and privilege for me to represent my country at this high-level meeting on AIDS, which brings together representatives from throughout the world to evaluate progress made in the implementation of the 2001 Declaration of Commitment on HIV/AIDS and the 2006 Political Declaration on HIV/AIDS.

Let us recall that, seven years ago, heads of State meeting in Nigeria, recognizing the destruction that the pandemic was having on the economies and social fabric of the African continent, made a solemn commitment to devote all their efforts to combating the pandemic. That meeting also produced the Abuja Declaration and Framework for Action for the Fight against HIV/AIDS, Tuberculosis and Other Diseases. A few months later, the 2001 Declaration of Commitment on HIV/AIDS was adopted in this very Hall by more than 150 heads of State or their representatives. Those two events clearly made HIV/AIDS one of the world's top priorities. By recognizing the human rights dimension of HIV infection, they made the world aware of the need for equitable access to prevention, care and treatment of the infection for everyone, regardless of whom they were or where they lived.

The progress made by Rwanda is in line with the commitments made in the 2001 Declaration on combating HIV/AIDS. I should like to remind the General Assembly that we lost more than 1 million people during the 1994 genocide — 1 million lives lost in over four months, that is, 10,000 lives daily for 100 days. Rwanda therefore cannot and will not, for any reason, allow more lives to be lost. Combating HIV/AIDS is thus a national priority, as are efforts to counter anything that undermines the health and development of our people. I should like to inform the Assembly about what we achieved between 2005 and 2007.

Currently in Rwanda, we have succeeded in maintaining the HIV prevalence rate at 3 per cent. We have also been able to ensure that 50 per cent of pregnant women throughout our country can benefit from our programme to reduce the incidence of mother-to-child transmission of the virus. We have also been able to increase access to antiretroviral treatment to more than 70 per cent of all those who need it, including 62 per cent of children who need it. More important, in order to ensure success in the efforts to combat HIV/AIDS in Rwanda, national leaders are continuing to work closely with civil society to establish for all stakeholders an environment of synergetic cooperation, including with our development partners.

We have achieved those results because we have, from the very beginning, addressed HIV infection as a development problem and, in particular, as a small part of post-genocide national reconstruction based on human rights, fairness, reconciliation and the resolute desire to help our communities to overcome ignorance and poverty, which are at the root of all socio-political problems.

Despite those successes, however, we must remain vigilant, for although the HIV prevalence rate is at 3 per cent in the over-15 age group, there is nevertheless great risk of new infections. Let us recall that, in countries with a 30 per cent prevalence rate, the figure once stood at 3 per cent before it spiked. We should also bear in mind that, while 70 per cent of people needing antiretrovirals receive them, another 30 per cent die in the hills, towns and cities of Rwanda because they have no access. Although 50 per cent of pregnant women have access to prevention of mother-to-child transmission services — a significant percentage for a developing country — another 50 per cent do not, and are therefore potential sources of new infections.

I could continue to give facts and figures that show results that we can be proud of. Certainly, those figures show above all that as long as there is room for further infection and deaths continue to occur as a result of HIV/AIDS, we still have much work to do and have not yet prevailed. This year's high-level meeting on HIV/AIDS gives pride of place to universal access to prevention, care and treatment. For Rwanda, that theme has deep meaning, since until there are no new infections and no one dies of HIV/AIDS, we shall continue our struggle.

To that end, prevention cannot be separated from treatment because, in order to provide all those in need with antiretroviral treatment, it is above all necessary to put a permanent end to any new infection. We must therefore continue to fight HIV/AIDS tirelessly and henceforth redouble our efforts because otherwise people living with HIV/AIDS will continue to die, simply because the millions throughout the world and the thousands in Rwanda who are asymptomatic HIV-positive will require further treatment and drugs within eight years on average.

In our strategy for success, we must enhance the multisectoral approach, which we have achieved in Rwanda by incorporating the fight against HIV/AIDS into the new strategies for economic development and poverty reduction. The justice, health, agriculture and all other sectors are equally involved, but the challenge now is to involve them in development plans in a decentralized manner throughout all the districts of the country so that the fight against HIV/AIDS becomes genuinely part and parcel of sustainable development. In order to succeed, we must also enhance knowledge of our environment and take targeted action to identify where further infection may arise and develop strategies to combat infection effectively.

I cannot conclude without recalling that 25 years after the discovery of the HIV virus, we must continue to fight it tirelessly and to mobilize national and international solidarity. In recent years, the fight against HIV/AIDS has received billions of dollars. Some have challenged the exceptional approach taken against the disease and its effects, but as our President, Mr. Paul Kagame, frequently says:

> "The importance lies not in the exceptional nature of combating AIDS, but rather in how funding is used to combat it. It must be transparent and very rigorous, and must serve to combat the real causes of the perpetuation of the pandemic — the problems of development. That is why we must cease to treat this chronic disease as an emergency, but must see it as part of sustainable development."

That is why we must fight this disease and appeal to and convince those who reject exceptionality that support must be incorporated into health infrastructures, the training of staff, formal education, the fight against poverty and family planning — in every serious challenge we face that promotes the pandemic. That is particularly important in Africa, the continent most affected by HIV/AIDS and the least equipped to fight it.

The Acting President: I now call on the chairman of the delegation of Bosnia and Herzegovina.

Mr. Prica (Bosnia and Herzegovina): I have the honour to address the General Assembly today and briefly report on the progress achieved in combating HIV/AIDS in Bosnia and Herzegovina.

Bosnia and Herzegovina has a relatively low risk of HIV/AIDS, like other countries of the Western Balkans, where prevalence does not exceed 5 per cent in any of the designated vulnerable groups. The very first HIV-positive person was registered in my country in 1986. Since then, a total of 147 HIV-positive cases have been detected, among which 86 persons have developed symptoms of the disease.

Other than in identified vulnerable groups, such as intravenous drug users and commercial sex workers, among others, heterosexual transmission of HIV is the dominant form both in Bosnia and Herzegovina and in the region as a whole. It should be emphasized that the percentage of infected women in particular is on the rise. By analysing the forms of transmission, we have concluded that the majority of cases occur among heterosexuals at 55 per cent; 17 per cent of cases are found among men having sex with men, 14 per cent among intravenous drug users, 1 per cent through mother-to-child transmission, and 13 per cent are unknown.

Despite the low prevalence, the current social, economic and political transition makes the whole population particularly vulnerable to HIV infection; thus, the number of new cases in the country is growing. Furthermore, the devastating effects of the 1992-1995 war in Bosnia still contribute to increased

vulnerability, particularly in terms of migration and of gaps in the health, social and education systems due to their extreme fragmentation, and so on.

Activities to combat HIV/AIDS in Bosnia and Herzegovina were intensified in 2001 with a stronger Government commitment towards fulfilling obligations set out by various international documents and declarations, as well as an active response in Bosnia and Herzegovina on the part of international organizations and a establishment of the United Nations thematic group on HIV/AIDS.

The National Advisory Board to Combat HIV/AIDS in Bosnia, established in 2000, is playing an increasingly important role in raising social awareness, as well as in developing strategic documents and policies. The Bosnia and Herzegovina strategy to prevent and combat HIV/AIDS for the period 2004-2009 is almost ready for review. It takes into account all identified gaps and the new global and local trends in the prevention, treatment and care of HIV/AIDS.

The National Advisory Board declared 2006 as the year of the fight against stigmatization and discrimination, with various national and local events targeted at the health, social and educational sectors and at further strengthening action involving the media and the workplace, for instance.

Although Bosnia and Herzegovina is a low- to middle-income country, largely due to the post-war recovery and transition it secures a substantial amount of resources for the prevention and treatment of HIV/AIDS. Antiretroviral therapy is available free of charge to all in need and voluntary HIV testing is in place. The Government of Bosnia and Herzegovina is working on taking greater responsibility in fighting HIV/AIDS.

In 2005, the Global Fund approved a programme proposed by Bosnia and Herzegovina to fight HIV/AIDS. The first Global Fund grant, for the period 2007-2012, allows Bosnia and Herzegovina particularly to scale up prevention interventions among young people and vulnerable groups; the establishment and operationalization of 13 additional community-based youth-friendly information and education centres across the country, with the provision of treatment for sexually transmitted infections and other health services; condom distribution; and voluntary counselling and testing referral.

Injecting drug users are reached in two ways through a needle-exchange programme conducted on site through outreach workers and gatekeepers, and via activities, both within drop-in centres and in the field, offering information-sharing and education for the target population regarding HIV/AIDS. Hence, there is promotion of testing for HIV, distribution of condoms, distribution of printed educational material, and the referral of beneficiaries to relevant institutions and organizations, depending on their needs. Modules for outreach work with men who have sex with men and for injecting drug users have been worked out, while those for sex workers and prisoners are in the process of being developed.

Twelve voluntary counselling testing centres in Bosnia and Herzegovina have performed pre-test and post-test counselling and HIV testing, the purpose of which is to increase testing capacities and the quality of services, as well as to detect new cases. The staff of non-governmental organizations, volunteers and community volunteers have been continuously trained in harm-reduction methods through ongoing training for work with those who are hard to reach and are vulnerable.

With our new programme proposal for the period 2009-2014, our aim is to ensure further support from the Global Fund and, at the same time, to enhance our own activities and resources to provide continued support for Bosnia and Herzegovina's health sector, to develop the necessary legislation, to continue public education through a targeted media campaign to reduce stigmatization of populations at high risk of HIV infection, and to ensure greater active involvement and contributions by all stakeholders in achieving all the goals of Bosnia and Herzegovina's HIV strategy.

Let me conclude by assuring the General Assembly that Bosnia and Herzegovina, as a country on its way towards full membership in the European Union, is fully committed to scaling up and ensuring universal access to HIV/AIDS prevention and care.

The Acting President: I now give the floor to the chairperson of the delegation of the Islamic Republic of Iran.

Mr. Khazaee (Islamic Republic of Iran): In order to observe the time limit, I shall try to be very brief. The full text of my statement is now being distributed.

HIV/AIDS has become a social, economic and psychological dilemma that affects all aspects of human life and poses the most important threat to human health. Due to its extent and manner of transmission, its fatal outcomes and the long period during which no symptoms manifest themselves, it constitutes one of the top health priorities throughout the whole world.

We are deeply concerned about HIV/AIDS in our region. Although the Eastern Mediterranean remains the least affected region, there are indications that the infection is spreading, especially among such high-risk groups as injecting drug users.

The dual epidemics of tuberculosis and AIDS form a deadly partnership, one reinforcing the other. Together they have become the most serious threat to public health, especially in the poorest countries of the world. That is particularly alarming, as one third of the 42 million people living with HIV/AIDS are also infected with mycobacterium tuberculosis.

The existing gap between those who need antiretroviral therapy and those who have access to it is shocking. The gap is much wider in sub-Saharan Africa and the low-income countries of Asia, which together contain 89 per cent of the world's HIV/AIDS cases and less than 10 per cent of the world's resources.

The extremely serious trend in the emergence of drug-resistant tuberculosis bacteria is another area of concern.

The most practical way to deal with the dual epidemic is to adopt a dual strategy in which there is equal commitment to preventing both tuberculosis and AIDS, and close coordination and collaboration between the respective programmes. That calls for a high level of political commitment, strong leadership and good communication at all levels of implementation.

In our fight against HIV/AIDS, we should concentrate on combating stigmatization and discrimination, which rank among the greatest and most pervasive barriers to an effective response to the AIDS epidemic. In fact, stigmatization and discrimination increase people's vulnerability and, by isolating people and depriving them of treatment, care and support, worsen the impact of infection.

As a State Member of the United Nations, Iran endorsed the Declaration of Commitment in 2001. On that basis, it committed itself to develop universal access to HIV/AIDS prevention, care, treatment and support. In that connection, I would like to brief the Assembly on some of the activities undertaken in my country.

Pursuant to the 2001 Declaration of Commitment, as a step forward, between 2005 and 2007, the Government of the Islamic Republic of Iran increased its national budget for the prevention and control of HIV/AIDS by a factor of 2.3. Iran is among the countries following the "Three Ones" principle — one national HIV/AIDS strategic plan, one coordinating body as the HIV/AIDS national committee and one monitoring and evaluation body.

In order to achieve universal access to prevention, a multitude of efforts have been carried out, with major focus on harm-reduction services among injecting drug users. In comparing our experience to those of other countries facing an epidemic among the same group, we have discovered that our approach is effective. We are determined to expand the availability, affordability and acceptability of harm-reduction services.

Given cultural differences, implementing services among other population groups at high risk is much more difficult, but our country has started to offer affordable prevention and care services to other high-risk communities. That has included the establishment of drop-in coping centres for women at high risk. To increase the access of HIV-positive people to such centres, various information, education and communication programmes have been launched and publicized by the mass media.

Non-governmental organizations (NGOs) and people living with HIV/AIDS have been jointly involved in programmes aimed at reducing stigmatization among affected population groups, providing them with opportunities not to hide any longer.

With regard to increasing access to treatment and care, Iran is one of the few countries in the Eastern Mediterranean region that offers free antiretroviral medicines and other care services to HIV-positive patients. In early 2008, follow-up reporting in line with the 2001 special session of the General Assembly on HIV/AIDS revealed that 78 per cent of HIV-positive Iranians receiving antiretroviral medicines survived for an additional year.

Evidence has shown that prevention would work best in countries affected by concentrated epidemics. Unfortunately, HIV prevention continues to lag far behind. HIV prevention and control, and the need to place them at the top of the agenda of the programmes of the Joint United Nations Programme on HIV/AIDS (UNAIDS) in 2008 and beyond, are of the utmost importance.

It is undeniable that religious values and principles help countries to prevent wrong high-risk sexual behaviours and drug addiction. In that context, Islam has played a significant and determining role in saving societies, including our own, from the dangerous and wrong sexual behaviours that have led to devastating consequences in some parts of the world. In line with Islamic teachings, Muslim nations encourage their children to abide by the rules of ethics in their private lives and to strengthen the institution of the family by avoiding extramarital sexual relationships. In such countries, religious training and education for all, especially young adults, are an additional effective strategy that can be included in prevention programmes. We urge UNAIDS to further consider the positive potential of cultural and religious training in HIV prevention programmes.

Moreover, partnerships with non-health sectors could play a significant part in the success of any prevention and control programme. We call for a stronger partnership and commitment by legislative systems and authorities to set rules and regulations specifically for those people practising behaviours in conflict with the law.

Furthermore, I would like to emphasize the need for the establishment of an effective strategy aimed at further involving civil society and at close coordination and cooperation between Governments and non-governmental organizations in response to HIV/AIDS. That is in line with the recommendations contained in the report of the Commission on AIDS in Asia, presented to the Secretary-General in March 2008.

NGOs play an undeniable role in harm-reduction services and in serving underprivileged people in the marginalized populations through their advocacy of preventive behaviours, bridging the gap between service providers and those in need of services and protecting the rights of HIV-positive patients and those at risk, without any discrimination or stigma.

In conclusion, our fight against AIDS calls for global solidarity, political commitment and strong community involvement. We must win the battle. Defeating AIDS may be difficult, but it is certainly not impossible. In that context, nothing should affect the rights of people living with HIV/AIDS in any country to a better quality of life.

The Acting President: I now give the floor to the chairperson of the delegation of the Bolivarian Republic of Venezuela.

Ms. Rodríguez de Ortiz (Bolivarian Republic of Venezuela) (*spoke in Spanish*): The delegation of the Bolivarian Republic of Venezuela is delighted to take part in this current exhaustive review since it allows us, in a constructive spirit and out of a sense of social commitment, to refer to the achievements we have made as well as the challenges faced by our Government in seeking to meet the objectives set forth in the Declaration of Commitment on HIV/AIDS, supplemented by the Political Declaration on HIV/AIDS.

In Venezuela, we have embarked upon the fight against HIV/AIDS in the context of respect for human rights, specifically respect for social rights enshrined in the Constitution of the Bolivarian Republic of Venezuela. Respect for such rights is one of the parameters that guides and underpins the policy of social development that is currently being pursued by the Government of President Hugo Chávez Frías and which is geared to eradicating poverty and to guaranteeing a worthy status of living for our people in the context of the building of a humanist development model predicated on the principles of social justice, fairness, solidarity and social inclusion.

It is precisely in the field of health that the Venezuelan Government has had its greatest successes in the fight against poverty. That has been possible thanks to a network of social and economic programmes on a mass scale, which we call "social missions", which are geared essentially to paying the social debt of the Venezuelan State to people who have been victims of social exclusion. Specifically through the four phases of the Misión Barrio Adentro, we seek to guarantee the right to health of Venezuelan men and women.

To date, the Bolivarian Republic of Venezuela has achieved several of the Millennium Development Goals, specifically in the field of education, health and

poverty, which undoubtedly have a positive impact on the progress we are making in the fight against HIV/AIDS.

Combating HIV/AIDS in Venezuela fits within our strategy of poverty eradication and also responds to the objective of guaranteeing the right to health of Venezuelan men and women. At the same time, the fight against HIV/AIDS at the national level fits within the context of complying with a commitment entered into by our Government when it signed onto the 2001 Declaration of Commitment on HIV/AIDS, a commitment that was subsequently reiterated in the Political Declaration on HIV/AIDS of 2006.

In Venezuela, HIV/AIDS has been declared a priority public health issue. While in our country the epidemic is concentrated in certain areas, the national Government has spared no effort in developing the broadest and most effective strategy possible in order to stop and reverse the spread of the epidemic. Accordingly, that issue is covered in the nation's general development plan, through the National Programme on AIDS and Sexually Transmitted Diseases, under the aegis of the Ministry of the People's Power for Health, which enjoys support from other national bodies and the participation of civil society through grass-roots organizations.

The National AIDS Programme was started in 1999 and is being carried out through four components: education-prevention, management, care and epidemiological monitoring. In the field of prevention, the Programme is developing a strategy for information, education and communication geared to the population at large, young people and pregnant women. The strategy includes a campaign through the mass media at the national level, a programme for free distribution of condoms, training of health personnel in public institutions, mandatory HIV screening among all pregnant women in public institutions, the celebration of a National School AIDS Prevention Day and the implementation of prevention and human rights promotion projects jointly created with civil society organizations and grass-roots bodies, just to name a few.

With regard to care, the epidemiological monitoring system reported at the end of 2007 a total of 65,462 individuals living with AIDS nationwide. Of that total, the epidemic is concentrated among groups of men that have sexual relations with other men, young people under the age of 25 and women, and specifically, sex workers, given their high risk of exposure. These data indicate that in 90 per cent of cases, sexual intercourse is the main form of transmission.

For the year 2006, we reported 310 HIV-positive pregnant women, a figure that for 2007 dropped to 294. To reduce the number of mother-to-child transmissions, the Venezuelan Government is providing all pregnant women who have HIV/AIDS with highly effective antiretroviral treatment for the benefit of the mother and the newborn, as well as a year's supply of milk formula, in order to avoid possible transmission through breastfeeding.

The Venezuelan Government guarantees universal and free access to antiretroviral treatment on the basis of care, comprehensive support and respect for the human rights of the individuals who are receiving it. Such access is possible thanks to a comprehensive medicines policy that is currently being carried out in Venezuela in the context of the Safe Health Project, with the purpose of guaranteeing the right to health through the provision of free antiretroviral drugs to the population. The Project has been possible thanks to the implementation of a procurement programme for good quality generic medicines.

Likewise, the legal system of our country prohibits discrimination against individuals infected with HIV/AIDS and in this regard the competent State bodies in this field are making their best efforts to guarantee compliance with the right to non-discrimination.

To conclude, as has been pointed out by the Secretary-General in his report on the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS (A/62/780), political will is essential if we are to stop the spread of HIV/AIDS and reverse its adverse effects, and that is the main concern of the Government of President Hugo Chávez in that context. Therefore, today more than ever, we must endeavour to achieve the goal of universal access to treatment. To that end, our delegation appeals to all States to contribute resolutely and supportively to achieving this goal through international cooperation and in developing flexibility in the prices for patented drugs.

The Acting President: I now give the floor to the chairman of the delegation of Montenegro.

Mr. Kaludjerović (Montenegro): We are two years away from the target date set for achieving universal access to HIV prevention, treatment, care and support, and halfway to the target date set for achieving the Millennium Development Goals. United Nations, international and national initiatives — most notably the Joint United Nations Programme on HIV/AIDS, the Global Fund to fight AIDS, Tuberculosis and Malaria, and the United States President's Emergency Plan for AIDS Relief — have significantly contributed to international efforts in addressing the crisis. Even though the progress reported has been considerable in almost all regions of the world, it has also been uneven.

With extremely high infection rates in some parts of the world and high death rates once AIDS has developed, the pandemic is truly a global threat to health, development, quality of life, security and stability. Clearly, the progress in combating HIV/AIDS represents a prerequisite for reaching universal development targets. Unfortunately, the expansion rate of the epidemic is outstripping our abilities to respond with the necessary access to essential services. HIV/AIDS is undermining the important achievements made so far in eradicating extreme poverty and hunger, promoting gender equality and the empowerment of women, reducing child mortality and so on. We have a moral responsibility therefore to reaffirm the commitments made in 2001 and 2006 and to work on further scaling up the efforts to reverse the HIV epidemic.

Even though the HIV/AIDS epidemic is worse in sub-Saharan Africa, Eastern European countries are witnessing alarming yearly increases in infection rates — a twenty-fold increase in less than a decade. It might not affect every country equally, but it affects the whole region. Therefore, it is a problem that the whole region must address together.

Montenegro is a low-prevalence country with an estimated HIV prevalence of 0.01 per cent. However, experts estimate that the actual incidence of HIV/AIDS may be 6 to 11 times higher than the current figure indicates. The cumulative number of people registered with HIV since 1989 is 71, out of whom 40 have developed AIDS and 26 have died.

My Government is strongly committed to combating HIV/AIDS on the country level. A national coordination body was formed to ensure a common direction in partnership and establish an appropriate response in tackling complex medical, social, legal and human rights issues raised by HIV/AIDS. That body consists of 15 members, including representatives of various ministries and of non-governmental organizations and people living with HIV/AIDS.

The national HIV/AIDS strategy for Montenegro, which is partially financed by the Global Fund, is a five-year framework for the development, implementation, monitoring and evaluation of HIV/AIDS-focused programming. To improve the harmonization and alignment of international development aid with the country-owned strategy, the "Three Ones" are being implemented. Montenegro has one national strategy, one national coordination body and one system for monitoring and evaluating the national HIV/AIDS programme.

During the first two and a half years of implementation of the national strategy, Montenegro has made significant progress in establishing a normative framework for HIV prevention and treatment and in procuring essential equipment and commodities. The strategy requires the reporting of principal achievements in all required areas, such as the prevention of mother-to-child transmission of HIV, safe blood, sexually transmitted infections, treatment protocols, universal precautions, voluntary counselling and testing, and youth-friendly facilities.

Moreover, in preventing the spread of HIV/AIDS among populations considered most at risk, Montenegro has implemented various initiatives, including needle exchange programmes in public health centres, the extensive training of outreach workers to work with vulnerable populations, and the dissemination of information on HIV and sexually transmitted infection prevention in both Montenegrin and minority languages in order to raise public, especially youth, awareness.

Nevertheless, there is still a lot to be done. Like other countries undergoing a transition, Montenegro is looking into ways to increase its efforts to respond to remaining major challenges, such as stigmatization and discrimination, as well as the lack of necessary research, data, technical expertise, human resources within the Government, sustainable and long-term financing and the more active involvement of the private sector.

HIV/AIDS clearly represents both an immediate and long-term crisis for the international community that simply cannot be addressed by a traditional State-centric approach. The consequences of HIV/AIDS for the proper functioning of a State and for the general quality of life of its citizens, especially in countries where the disease has risen to epidemic proportions are devastating since the disease affects all levels of development and security, be they international, regional, national or personal.

Success is possible only if there is global solidarity to create strong leadership and commitment, increased international coordination and cooperation to build on existing efforts and to avoid overlapping, as well as sustainable long-term strategies and funding and the participation of all relevant stakeholders. It is imperative to note that success cannot be achieved without the crucial involvement of the United Nations agencies and programmes that already play a significant role in leading the international response.

The Acting President: I now give the floor to the chairman of the delegation of Liechtenstein.

Mr. Wenaweser (Liechtenstein): For more than 25 years, HIV/AIDS has caused immense human suffering throughout the world and has had devastating consequences for development. In 2001, we equipped ourselves with an effective tool to combat the AIDS pandemic both nationally and in our multilateral efforts. The greatest asset of the Declaration of Commitment on HIV/AIDS is its comprehensive approach. We recognized at the time of its adoption that HIV/AIDS is a complex phenomenon and that we need to address all its aspects in order to be successful. Seven years later and two years after its first review, it is clear that the Declaration has had a galvanizing effect and shaped the international response to HIV/AIDS.

The United Nations HIV/AIDS response is one area where its action has proven to be most effective and indeed indispensable. Our success in coping with the pandemic will have a strong impact on our progress in achieving the Millennium Development Goals (MDGs), in particular, of course, MDG 6. The accomplishments made in containing the pandemic are encouraging. Nevertheless, the rate of progress in expanding access to essential services does not keep up with the expansion of the pandemic itself. We must therefore not relent in our efforts and place even stronger emphasis on the area of prevention.

One of the central tenets of the Declaration is its focus on leadership. The experience gained over the past years makes it clear that leadership is indeed an indispensable element of our response. We will need more of it at all levels, particularly in the area of universal access to prevention, treatment, care and support. Furthermore, an effective response to HIV/AIDS must be driven by strong and sustainable financing mechanisms. Liechtenstein has taken that responsibility seriously and, over the past years, has continuously increased the resources invested for that purpose, both domestically and at the international level.

Within the United Nations family, in addition to our participation in the financing of the Global Fund, we are currently contributing to programmes run by UNICEF and the Joint United Nations Programme on HIV/AIDS. We have also made special efforts to increase aid effectiveness, including through the pooling of funds with other States. We are committed to continuing our financial contribution in the future.

Our strategies for fighting HIV/AIDS need to go far beyond the launching of information campaigns and providing antiretroviral drugs. Most important, our response must be rights-based. That is true in particular with respect to discrimination against people living with HIV/AIDS and to gender inequalities that exacerbate the risk of new infections. The Declaration does address the special needs and vulnerability of women, in particular through their empowerment in matters relating to reproductive health. However, the increasing feminization of the pandemic illustrates the need for stronger implementation at the national level. The empowerment of women — as well as the promotion of the human rights of key populations, such as sex workers, men who have sex with men, and people who use drugs — are key elements in our further efforts to achieve universal access to prevention, treatment, care and support by 2010.

Children and young people are still among the most vulnerable groups affected by the pandemic. Inadequate access to education, in particular to information on sexual and reproductive health, continues to fuel the transmission of HIV and escalates its impact. Prevention will be successful only if we improve the knowledge of children and young people

about HIV/AIDS and the risk of infection. Innovative communication strategies that capture the attention of young people should be explored. The ultimate goal must be to spread life-saving information faster and wider than any virus ever could.

The fact that 147 Member States have submitted reports on their national progress in response to HIV/AIDS, coupled with the extraordinary level of attendance at this review meeting, demonstrates the world's concern as well as our determination to cooperate in tackling the pandemic. Let us seize this critical opportunity to fulfil the commitment we entered into in 2001 and to continue to develop more innovative ways of working together.

The Acting President: I now give the floor to the chairperson of the delegation of Bhutan.

Mr. Penjo (Bhutan): Heeding your call, Sir, I will be very brief.

I would like to express my delegation's appreciation to the President for the holding of this important and timely high-level meeting on a comprehensive review of the progress achieved in implementing the 2001 Declaration of Commitment on HIV/AIDS and the 2006 Political Declaration. I would also like to thank the Secretary-General for his comprehensive update report (A/62/780). In the light of the midterm review of the achievement of the Millennium Development Goals (MDGs), this high-level meeting is an opportunity for international solidarity, and to commit fully and unequivocally to the intensification of the essential interventions required to address the threat of HIV/AIDS.

The commitments made in 2001 and 2006 were a clear and ready recognition that the AIDS epidemic was a global emergency and one of the most formidable challenges to human life and dignity. Yet, the number of HIV infections keeps rising and has caused devastation to the lives of millions around the world.

As made clear in the Secretary-General's report, progress in response to HIV/AIDS has been uneven and the epidemic is most acutely felt by the most vulnerable sections of society. Also, any progress towards achieving the 2010 target for universal access and the MDG target of halting or reversing the spread of the disease by 2015 will fall short if we do not make progress in reducing poverty and hunger and in ensuring universal primary education.

Furthermore, cost barriers hinder access to first- and second-line antiretroviral drugs. Patent barriers continue to be the major obstacle to the provision of treatment to those requiring it. In order to overcome the expansion of the epidemic, we must recommit ourselves to take concrete actions that ensure universal access to HIV prevention, treatment, care and support for those who need them most. Specifically, ensuring universal access to affordable or free treatment and care must be made a top priority.

Bhutan drew up its strategic plan in 1989, about four years before the first case was detected in the country, as a cautionary measure in terms of prevention, capacity-building, establishing testing facilities and case detection. The royal decree on HIV/AIDS issued on 24 May 2004 by His Majesty the Fourth King reflects the deep concern over the threat of HIV/AIDS. The Royal Government of Bhutan has accorded high priority to addressing that issue. The response to HIV/AIDS in Bhutan has also been guided by the principles of gross national happiness, which is our development philosophy.

The first case of HIV/AIDS in Bhutan was detected in 1993. One hundred and forty-four people have become infected since then — with both sexes being almost equally affected — and 25 deaths have been reported among them. Almost 60 per cent of Bhutan's population is below 25 years of age. As shown by global and local experience, they are the most vulnerable to HIV/AIDS. It is possible that increasing globalization, together with Bhutan's growing unemployment and rural-to-urban migration, may significantly increase high-risk behaviours among our young people.

The absolute number of detected cases in Bhutan remains low. Given our small population and the exponential rate of increase of the disease, however, the HIV/AIDS epidemic poses a critical development challenge for our nation. The potential for a widespread epidemic remains a real threat. Experience from countries around the world shows the devastating social and economic impact of the HIV/AIDS epidemic.

Bhutan is now considering ways to contain the spread of a full-blown AIDS epidemic. The new Government has endorsed a national strategic plan for

the prevention and control of sexually transmitted infections and HIV/AIDS. In order to maintain our low HIV-prevalence status, one of our greatest priorities is to intensify preventive measures and interventions among vulnerable populations. Some of the major activities under the strategic plan to stem the spread of HIV/AIDS include promoting greater public awareness of the disease, establishing surveillance systems, the mandatory screening of blood donors, the training of health workers, decentralizing HIV/AIDS activities and ensuring 100 per cent access to antiretroviral therapy. The focus will be on young people, sex workers, substance abusers and mobile and migrant populations. Some of the strategies include providing youth-friendly reproductive health and counselling services and incorporating reproductive health and life skills education, including negotiation skills on condom use, in schools and institutes.

The scarcity of resources is a critical constraint for the full implementation of the national strategic plan for the prevention and control of sexually transmitted infections and HIV/AIDS. With only two years remaining until the target date for achieving universal access to HIV prevention, treatment, care and support, the resources mobilized thus far for our interventions have been encouraging. However, the gap between available resources and actual needs is still wide, and unless greater advances are made in reaching those most in need of essential services, the burden on our fragile demography will continue to increase.

Any funding shortages in Bhutan's HIV/AIDS programme may result in a gap in the implementation of STI and HIV prevention programmes. We thank our development partners for their invaluable support and look forward to their continued financial and technical assistance. With the much needed and timely support, Bhutan is confident that it will successfully implement the interventions identified in its national plans, and improve its capacity in preventing a full-blown pandemic that could devastate its small population. I would like to express Bhutan's support to the increased role of the United Nations in that endeavour.

The Acting President: I now give the floor to the chairman of the delegation of the Sudan.

Mr. Mansur (Sudan): First of all, allow me to extend my thanks and gratitude to the United Nations for convening this important high-level meeting to review the progress achieved in realizing the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS.

The delegation of the Republic of the Sudan would like to align itself with the statement made by the representative of the Republic of Egypt on behalf of the African Group, with the statement made by the representative of the Republic of Antigua and Barbuda on behalf of the Group of 77 and China, and with the statement made by the representative of Bangladesh on behalf of the group of least developed countries.

The Sudanese delegation appreciates and welcomes the comprehensive report of the Secretary-General on the progress made towards achieving the Declaration of Commitment, adopted at the General Assembly's 2001 special session (A/62/780). We equally welcome the success and achievement made as evidence of the remarkable increase in the number of beneficiaries of the prevention, care, treatment and support programmes.

HIV/AIDS is now seen as one of the emerging development problems in the Sudan. Recent data have shown a prevalence of 1.6 per cent among the general population and 2.6 per cent among the adult population. Displacement, civil strife, natural disasters and economic factors have collectively had an impact on the increase in the vulnerability of the Sudanese population to HIV/AIDS.

Based on its noble commitment to protect and serve its people, the Government of the Sudan has paid great attention to the HIV/AIDS issue and has developed a multisectoral strategic plan to control and halt the epidemic. The President of the Republic of the Sudan launched that strategy, demonstrating the highest political commitment to fight the devastating epidemic.

During the past two years, the national strategic plan has provided free voluntary counselling and testing, as well as free HIV/AIDS treatment in all parts of the Sudan. Sectors such as education, the uniformed services, social welfare, the media and others are actively engaged in activities to fight HIV/AIDS. In addition, the Government of the Sudan has prioritized efforts to work with those most at risk, such as prisoners, truck drivers and others.

With respect to young people and women, the Sudan recently formed a youth and women's coalition against HIV/AIDS under the auspices of the First Lady,

which was aimed at mobilizing women's sectors and organizations to fight the epidemic. Moreover, and for the first time, the education sector has incorporated HIV/AIDS life skills training in the school curricula to equip our young people with the necessary knowledge and skills to protect themselves from the HIV/AIDS infection.

The Government of the Sudan accords priority to the issues of people living with HIV/AIDS through the drafting of a special law and legal reforms to preserve the rights of people infected by the virus and to protect them against stigma and discrimination. The law is in the process of being ratified. As part of our belief in the role of people living with HIV/AIDS, we have formulated support groups in all the Sudan's States to provide social and economic support to those infected and affected by the epidemic. Recent years have also shown limitless efforts to secure decentralization of the response and human resources development at lower levels in order to ensure that the services are getting closer to the target communities.

Coordinated global support from the Joint United Nations Programme on HIV/AIDS, other United Nations agencies and the Global Fund to Fight AIDS, Tuberculosis and Malaria played a vital role in accelerating the national response. While appreciating that invaluable and vital support, we look forward to further collaboration to address the challenges and needs ahead, such as the provision of technical assistance, human resource development and the strengthening of the health system to ensure the achievement of the Millennium Development Goals (MDGs) and universal access to prevention, care, treatment and support services.

I conclude by renewing the commitment of the Government of the Sudan to all the declarations and recommendations of the United Nations, as well as our commitment to the MDGs and the universal access initiative, including working with those most at risk and ensuring the availability, accessibility and affordability of HIV/AIDS services to all. In the same vein, we look forward to a greater role for the United Nations in supporting international and regional initiatives that aim to achieve progress in the fight against HIV/AIDS and support to people living with HIV/AIDS.

The Acting President: I now call on the chairman of the delegation of Myanmar.

Mr. Swe (Myanmar): The convening of this high-level meeting is a timely and a welcome opportunity. It enables the international community not only to review the progress that has been made, but also to address the remaining challenges we need to tackle.

My delegation would like to associate itself with the statement made by the Minister of Health of Antigua and Barbuda on behalf of the Group of 77 and China.

The HIV/AIDS pandemic affects not only individuals, but also has a huge impact on the implementation of the most important global development agenda, the Millennium Development Goals. Therefore, in 2006, Member States reiterated the time-bound targets agreed on in 2001 and agreed to accelerate the national HIV responses by moving towards universal access to HIV prevention, treatment, care and support by 2010. There has, indeed, been an unprecedented investment made during the present decade in responding to this pandemic. However, as the Secretary-General's report (A/62/780) pointed out, the progress is uneven and is not able to keep pace with the expansion of the pandemic itself. While an additional 1 million people started to receive antiretroviral treatment in 2007, 2.5 million people were newly infected.

We must build upon what has been achieved. Much more needs to be done both nationally and internationally. National efforts must be supplemented by increased international cooperation.

Allow me in that regard to apprise the Assembly of my country's endeavours to further scale up our national responses. In 1999, two years before the 2001 Declaration of Commitment, we set up the highest pol' ymaking multisectoral body, the National Health Committee, chaired by Secretary 1 of the State Peace and Development Council, and the National AIDS Committee, chaired by the Minister of Health, to implement the policy guidelines and to fight AIDS as a disease of national concern.

In line with a comprehensive approach to the "Three Ones" principle, with the involvement of all our partners, Myanmar has developed and approved a multisectoral broad-based national strategic plan covering the period 2006 to 2010. The focal point for the implementation of the national strategic plan is our national AIDS programme, which includes 10 strategic components.

The national AIDS programme is designed to reduce and prevent the transmission of HIV/AIDS through access to behaviour change communication, the adoption of a healthy lifestyle and enhancing the quality of life of people living with HIV/AIDS through treatment, care and support. The activities with the highest priority include prevention efforts aimed at high-risk populations — namely, sex workers, men who have sex with men and injecting drug users — and providing antiretroviral treatment for those who need it.

HIV/AIDS in Myanmar is mainly transmitted sexually. As an important prevention measure, therefore, we are scaling up our efforts to implement our 100 per cent targeted condom promotion programme. Our programme to prevent mother-to-child transmission of HIV, which was established in 2001, is being implemented as both a community-based and an institutional prevention programme. Access to treatment, care and support has been scaled up, and a country-focused approach is being followed in increasing access to antiretroviral therapy. Although we are able to provide such treatment to 11,000 AIDS patients in 2007, there is still a wide gap between need and availability. The number of persons requiring antiretroviral treatment is estimated at 75,000. We have also adopted an integrated management approach to adult illness. A tuberculosis-HIV/AIDS programme has been implemented in Myanmar since 2005.

Through those efforts, we have not only been able to stabilize the rate of infection; we have also been able to make significant strides in reversing the HIV/AIDS epidemic. Based on the HIV estimation and impact analysis workshop conducted in August 2007, and using the latest methodology developed by the World Health Organization (WHO) and the Joint United Nations Programme on HIV/AIDS (UNAIDS) in Geneva, the adult prevalence of HIV in Myanmar, which peaked in 2000 at 0.94 per cent, had declined to 0.67 per cent by 2007.

United Nations agencies and international and national non-governmental organizations — in particular UNAIDS, UNICEF, the United Nations Population Fund and WHO — have been indispensable partners in our national efforts to combat HIV/AIDS. We would especially like to thank donors to the Global Fund to Fight AIDS, Tuberculosis and Malaria for providing critical support.

One of the key recommendations of the Secretary-General's report pertains to the need to sustain the response to HIV by planning for the long term. Financing is one of the most important factors in that regard. Per capita domestic spending on HIV/AIDS in low-income and lower-middle-income countries more than doubled between 2005 and 2007. A commensurate response by the international community, through funding for HIV-related activities, would contribute greatly to meeting the commitment to provide universal access to HIV prevention, treatment, care and support by 2010.

The Acting President: I now give the floor to the chairperson of the delegation of Solomon Islands.

Mr. Beck (Solomon Islands): I would very much like to thank the President for convening this important meeting to review the implementation of the 2001 Declaration of Commitment on HIV/AIDS and the 2006 Political Declaration.

My delegation would like to begin by aligning itself with the statements made by the representative of Antigua and Barbuda on behalf of the Group of 77 and China; the representative of the Marshall Islands on behalf of small island developing States of the Pacific; and the representative of Bangladesh on behalf of the least developed countries.

We are now 26 years into the HIV/AIDS pandemic, and two years have elapsed since the adoption of the Declaration to scale up universal access to HIV/AIDS prevention, treatment, care and support by 2010. Solomon Islands would like to take this opportunity to thank the Secretary-General for his comprehensive report (A/62/780) on the progress made thus far.

In listening to the statements made by those who have spoken before me, it is evident that results have been mixed. The States of the northern hemisphere, including a number of middle-income and a select few developing States, have successfully provided widespread coverage to all infected people; unfortunately, the same cannot be said for many others. The HIV pandemic continues to expand in many States. We have not been able to keep up with its spread — especially among the poor, who continue to die awaiting treatment. We have arrived at a situation in which the rich live and the poor die.

The year 2010 is just around the corner. Solomon Islands is now showing signs and trends of the spread of HIV/AIDS, which has all the hallmarks of a bubble about to burst. The increasing number of teenage pregnancies and the transmission of sexually transmitted diseases among our young people are frightening. Socially active young people in Solomon Islands make up more than half of our national population. Globally speaking, the number of HIV-infected people in the Pacific is small, but if one examines the figure in proportion to the population, it is worrying.

On such issues, the multilateral system continues to act like a fireman intent on putting out bigger fires while ignoring smaller ones. That has allowed global threats to fester and grow in some quarters, creating weak links in our global fight against HIV/AIDS. We must change the culture and approach of responding only to threats that have reached crisis levels. Rather, we must have a multilateral system that treats all problems, both big and small, with equal attention. It makes good economic sense to invest in all problems, including small ones.

What I have just referred to speaks to the unique and special challenges of small island developing States, which are not always taken into account or appreciated in many of the global strategies and declarations. The scattered nature of our islands — in the case of Solomon Islands, more than a 1,000 islands stretching for more than 1,800 kilometres, all existing as small communities — makes the efficient delivery of health care, services and education a challenge. As alluded to in the Secretary-General's report (A/62/780), many of the world's young people do not have accurate knowledge about HIV/AIDS. As has been stated in other forums, it is never too late to educate our young people, but it is already too late to see them engage in high-risk activities.

On the issue of treatment, as stated in the report, coverage in low-income countries remains modest. New and additional resources are needed to make progress in this area. Solomon Islands has one of the world's highest incidence rates of malaria, which remains the country's number one killer.

Access to affordable treatment and the sustainability of national health programmes are crucial if we are to be able to successfully translate commitments into action. Let us look at cheaper alternatives for providing a holistic approach to treatment and making it more affordable and available to all. In that connection, Solomon Islands associates itself with the argument put forward by the G-77 to utilize trade-related aspects of intellectual property rights in order to move ahead in bringing flexibility to support efforts aimed at making antiretroviral treatment available to all four corners of the world. Testing and treatment must be viewed as being two sides of the same coin. The reluctance of many to be tested is due to the non-availability of treatment. The low levels of testing in developing countries therefore do not allow us to know the real status of the HIV/AIDS pandemic.

Strategy must be matched with resources. In the case of Solomon Islands, while spending on the health and education sectors accounts for a large portion of the national budget, those allocations are insufficient. International support is therefore required. A concerted global effort is essential to correct the imbalance within the international system and establish a fairer and just trading system. We must recognize the limitations of the market and do more for those on the periphery of the international system, in particular the more than 80 per cent of Solomon Islands' population that lives in rural communities. Whatever the strategy adopted, it has to be people-centred, rural-focused and community-based.

In conclusion, we must all value life to its fullest and cooperate with a sense of urgency, in the true sense of the word cooperation, to bring hope to those who are already staring death in the face. My delegation believes that there are sufficient resources available to breathe life into commitments that have a human face.

Before leaving this rostrum, I should like to make a friendly proposal to the organizers of this high-level meeting, the President's Office and the Secretariat to allocate sufficient time to discuss such important issues. If that needs an additional day, we should allocate an additional day. Making this statement with over three quarters of the delegations absent from this Hall is very sad. We speak of commitment, yet we do not match that with our action.

The Acting President: I now give the floor to the chairman of the delegation of Malaysia.

Mr. Lee (Malaysia): I wish to take this opportunity to congratulate the President on convening this high-level meeting to allow us to reflect on and

assess our implementation of the 2001 Declaration of Commitment on HIV/AIDS and the 2006 Political Declaration. It is indeed timely that we gather now, two years before the target date for achieving universal access to comprehensive prevention programmes, treatment, care and support for people living with HIV/AIDS, and at the midway point towards Millennium Development Goal 6, which is to halt and reverse the spread of HIV/AIDS by 2015.

As stated in the report of the Secretary-General, at the international level global progress in halting and reversing the epidemic is uneven, and the spread of the disease is outstripping the pace at which new services are brought to scale. That should remain of concern to all countries. We also wish to express our disappointment at the existing barriers preventing the majority of HIV-infected individuals from obtaining equitable and affordable life-prolonging drugs. Access to those drugs should not be restricted by trade- and patent-related issues. The Global Fund to Fight AIDS, Tuberculosis and Malaria remains drastically underfunded, and we call for continuing support from the developed countries to contribute to the Fund as our efforts to fight HIV/AIDS cannot be made in isolation, but must be undertaken in the broader scope of addressing the causes contributing to the epidemic.

In Malaysia, various screening programmes have been developed, and since 2006 more than a million individuals have been screened annually. The increasing trend in the number of individuals screened shows that Malaysia has been experiencing a consistently decreasing trend in the reported number of HIV cases since 2003. In 2007, 4,549 HIV-positive cases were detected in Malaysia, with much of the HIV transmission continuing to be mainly among injecting drug users. With regard to gender, young males still comprise the majority of reported cases, though the proportion of women detected with HIV is currently showing an increasing trend.

The Government of Malaysia has developed a national strategic plan to respond to HIV/AIDS that provides a framework for our response over the five-year period 2006-2010. The strategic plan represents the Government's continued political and financial support to address the issue effectively and is a strong foundation for coordinating the work of all partners in health and for working together with civil society to reduce the impact of the epidemic in the country. The Government has significantly increased its budget allocation in responding to the epidemic, with a threefold increase from $10 million per annum prior to 2006 to $30 million per annum up to 2010.

The Government's commitment to the harm-reduction approach is well observed through its allocation for these programmes of 300 million Malaysian ringgit, equivalent to $90 million, which represents 60 per cent of the overall budget made available to the HIV/AIDS response. To reduce vulnerability among injecting drug users and their partners, harm-reduction initiatives, comprising drug substitution therapy, a needle syringe exchange programme and increased condom use, are being implemented.

In 2006, the Government decided to scale up the drug substitution programme — a methadone maintenance therapy — with the aim of reaching out to at least 25,000 opiate-dependent injecting drug users by 2011. As of December 2007, a total of 73 therapy service outlets had been established at Government hospitals and health clinics, including private practices. In 2007, Malaysia witnessed another milestone in the country's drug substitution programme, whereby the Government approved the provision of methadone maintenance therapy in closed and incarcerated settings, specifically in prisons.

Malaysia's needle syringe exchange programme, initiated in 2006, began with only three drop-in centres managed by community-based organizations through Government grants. In 2007, the programme was further developed and expanded, with a total of 75 service outlets established, all of which were managed by community-based organizations. Realizing the need to increase coverage of the needle syringe exchange programme nationwide and to ensure access to those in need, 2008 saw the participation of Government health clinics in the programme.

Despite the country's achievement in its implementation of the harm-reduction approach, reaching out to the other marginalized and most-at-risk populations — men who have sex with men, sex workers and transgenders — remains a significant and formidable challenge for Malaysia. Realizing the fact that reducing HIV vulnerability among those groups is pivotal to halting the spread of HIV within the country, the Government has been working closely and in partnership with community-based and non-governmental organizations to ensure that those marginalized

communities have access to HIV/AIDS-related information, condoms, voluntary counselling and testing. Increasing the coverage and quality of outreach programmes conducted by community-based organizations has also been made a priority.

With regard to young people, the Government of Malaysia continues to conduct a healthy-lifestyle campaign, which involves the promotion of good moral values and healthy-lifestyle practices, early detection, effective counselling, as well as mobilizing community support and participation. HIV education has been incorporated into various existing programmes, such as school health programmes and healthy-lifestyle campaigns. Since September 2007, HIV/AIDS lectures aimed at inculcating awareness and behavioural change have been integrated for the first time into the syllabus of the annual national service exercise, which involves almost 100,000 young people nationwide.

The provision of and access to antiretroviral treatment is an essential component of all national responses to HIV/AIDS. Access to cheaper drugs has made a major contribution towards enabling countries such as Malaysia to expand their treatment options and capabilities. The cost reduction has also allowed for a wider range of antiretroviral drugs to be subsidized by the Government, making it possible to provide first-line treatment that is accessible to all patients at no charge at government hospitals and clinics. A recent development in Malaysia with regard to improving access to HIV treatment has been the provision of antiretroviral treatment to those living with HIV in prisons and drug rehabilitation centres.

We are continuously challenged by the complexity of responding to the AIDS epidemic, both globally and in our respective countries. There are many challenges still before us and we must focus our energies on more action and more leadership-building. Therefore, the Government of Malaysia reaffirms its pledge to work towards realizing the Declaration of Commitment of HIV/AIDS and continue its concerted efforts towards reducing the impact of HIV/AIDS and containing the spread of the epidemic.

The Acting President: I now give the floor to the chairman of the delegation of Nicaragua.

Mr. Hermida Castillo (Nicaragua) (*spoke in Spanish*): My delegation endorses the statements made by the representative of Mexico on behalf of the Rio Group and by the representative of Antigua and Barbuda on behalf of the G-77 and China.

We wish to thank the Secretary-General for the report that he has submitted, which provides a general overview of the current situation and calls on us to reflect on those aspects that require greater resolve on our part as Member States, as well as on the part of all the major players in the international community, if we are to address a scourge that has caused the deaths of over 25 million people since the epidemic broke out.

While it is true that this is an opportunity to celebrate some of the progress that has been made in the fight against HIV/AIDS, we cannot ignore the fact that the progress has been unequal and that greater efforts are therefore required to meet the challenges that we still face. Social injustice and poverty, which have been unleashed by the neo-liberal economic model, have facilitated the rapid spread of the disease and many others, such as starvation, which has become an epidemic that kills thousands of children around the world on a daily basis.

We are faced with a global challenge and if we are to make tangible progress we must address the problem from a broader perspective, clearly establishing that there is a close link between sustainable development, health and education, as well as a need to take a multidisciplinary, intersectoral and intercultural approach with a gender- and human rights-based perspective.

The fight against HIV/AIDS goes well beyond the field of health, so it should be addressed comprehensively as a problem of development with grave social and economic impact. We cannot talk about prevention if the population does not have access to education and health. We cannot talk about adequate treatment of the illness if individuals do not have the resources to feed themselves.

The fight against HIV/AIDS is contained in one of the Millennium Development Goals (MDGs). As the report of the Secretary-General rightly states, that issue has an impact on the achievement of other objectives, such as the right to development, gender equality and the empowerment of women, the reduction of child mortality and maternal health. The magnitude of the impact of AIDS on the individual, family, economic and social levels demonstrates that the impact of AIDS thwarts human development both in countries with widespread epidemics and in those with concentrated

epidemics and of low prevalence, acting as a devastating phenomenon affecting individuals, families and countries, impairing social progress, hampering economic growth, reducing life expectancy, exacerbating poverty and aggravating the food shortage.

Seven years ago, in the Declaration of Commitment on HIV/AIDS, we recognized that prevention should be the basis for our action. Nonetheless, to date, it remains urgent for us to make greater efforts in that field. The data from 2007 highlight the fact that new HIV infections occurred at a rate 2.5 times higher than the increase in the number of individuals receiving antiretroviral treatment. Only through an aggressive prevention strategy can we reverse the trend of those statistics.

As regards universal access to prevention, treatment, care and support, we still face many challenges. We must recognize the need to continue promoting provisions of commercial agreements to extend access to medicines and technologies related to HIV/AIDS in our countries, as well as a reduction in the prices of antiretroviral drugs.

Likewise, we appeal to the international community, as acknowledged in the Political Declaration on HIV/AIDS of 2006, to ensure that the World Trade Organization's intellectual property rights with respect to trade do not hamper the adoption of immediate and future steps in support of the public health of our countries.

The other major task we face is the fight against stigmatization and discrimination, which are phenomena that hamper the effectiveness of our responses to the epidemic. We must also fight cultural expressions that take the form of sexist or macho attitudes that do not encourage individuals to undergo HIV/AIDS testing. Such attitudes hamper the use of condoms among men and women alike. They block access for women living with HIV/AIDS to HIV transmission prevention services for their children and prevent vulnerable populations and those most at risk from receiving the care and support that they need.

In our national capacity, we have made major progress that place Nicaragua on the list of countries with the technical and legal tools to guarantee the protection and promotion of human rights, universal access and implementation of strategies to contain the epidemic. Through the enactment of Law 238 — a law for the promotion, protection and defence of human rights in the face of AIDS — we established the Nicaraguan AIDS Commission to provide guidance for the formulation of strategies and policies for HIV/AIDS prevention, support, care and control.

Likewise, in the period 2006-2007, a national policy for the prevention and control of sexually transmitted infections and HIV/AIDS entered into force, and a strategic plan for sexually transmitted infections and HIV/AIDS for the period 2006-2010 was implemented. The national policy and the plan are the expression and result of processes of debate and consensus among the principal actors involved. The main objective of the plan is to identify a timely and effective response to the epidemic and its effects with a multisectoral approach that will generate a commitment on the part of the State, civil society, individuals living with HIV/AIDS and communities, make the best use of national resources and international cooperation to pool efforts to fight against the epidemic in Nicaragua, notwithstanding the fact that our country is faced with an epidemic that is concentrated in certain areas.

In 2007, 2,924 individuals with HIV or AIDS were registered. We are aware of the fact that we must focus our attention on preventing the spread of the disease. With that in mind, our Government established a policy of free access to services for prevention, antiretroviral treatment and support related to HIV. As a result of those measures and initiatives, agreed upon with civil society and the cooperating community, the number of people living with HIV and having access to antiretroviral treatment has increased considerably, including through improved health care and social and food support, with coverage rising to some 66 per cent.

With regard to education, HIV/AIDS education is provided in 780 schools at the national level, and the issue is included in school curriculums, to the extent that we have reached 29,923 primary schoolchildren, 38,067 secondary schoolchildren, 1,790 primary and second schoolteachers and 2,189 parents to date. Moreover, efforts have been made to develop an eminently clinical approach to managing the family, community, educational and labour aspects of the disease, expanding social, economic and legal support. Civil society has played an important role in that endeavour, from defining policies and strategies to implementation in the field. We are working closely with HIV-infected individuals' organizations at the national and international levels.

International cooperation has substantially contributed to the response of our countries. However, we appeal to the donor community to ensure that funds are not made conditional and that they be tailored to the priorities that each Government develops on the basis of its national plans and strategies.

The delegation of Nicaragua will step up its plans in order to continue to fulfil the commitments entered into in 2001 and 2006. As a reflection of that desire, Nicaragua hosted the fifth Central American and Caribbean Congress on AIDS and the fifth Meeting of People Living with HIV/AIDS, from 4 to 9 November last year. Those events brought together more than 2,900 participants in our capital of Managua. We shall also continue to pursue national, regional and international initiatives leading to the adoption of concrete measures to combat HIV/AIDS. And we will continue to promote solidarity on this subject.

The Acting President: I now give the floor to the chairperson of the delegation of the Maldives.

Mr. Khaleel (Maldives): Unlike two decades ago, the HIV/AIDS epidemic today is not without solutions. Our collective response is slowly starting to make a difference. The remarkable leadership of the United Nations system, especially that of the Joint United Nations Programme on HIV/AIDS (UNAIDS), deserves our recognition and praise. On behalf of my Government, I would like to take this opportunity to express our gratitude to Secretary-General Ban Ki-moon and the Executive Director of UNAIDS and his able team for their dedication and hard work. However, the success we have achieved thus far is too insignificant in the face of this deadly epidemic. Much more needs to be done.

HIV/AIDS is still the number one health threat of our time. The stigmatization of and discrimination against people living with HIV/AIDS still remain as strong as ever. It is alarming that millions are still continuing to become infected, while millions more are dying due to the unavailability of medication and proper treatment. The targets that the General Assembly has set for achieving universal access to HIV treatment and prevention by 2010 cannot be met without increased funding and investment.

The Maldives, a remote small island developing country in the Indian Ocean with a tiny population of a little over 300,000 people, has also been affected by this epidemic. The Maldives has been fortunate to remain among the countries with a low prevalence of HIV and other sexually transmitted diseases. However, being situated in a region where HIV/AIDS is spreading at an alarmingly high rate, the threat that looms over us cannot be overemphasized. The high prevalence of drug use, especially intravenous drug use, and the increasing mobility of our people pose a serious threat that the disease will spread. Moreover, the growing number of foreign visitors to our country and the presence of a large expatriate workforce have also contributed to exposing our nationals to risk factors.

The first case of HIV/AIDS was detected in our country in 1991. To date, a total of 13 cases of HIV-positive persons has been confirmed; three of them are currently alive. Antiretroviral treatment is provided free of charge at the national level. My Government has taken several measures to prevent and control the spread of HIV/AIDS. Our national AIDS council and AIDS control programme were established in 1987, four years before the first case of AIDS was detected in the country.

The current national AIDS strategy plan, which is the national road map to combat the epidemic, is aimed at achieving the following seven strategic goals: first, to provide age- and gender-appropriate support services to key high-risk populations; secondly, to reduce and prevent vulnerability to HIV infection in adolescent and young people; thirdly, to provide HIV prevention services at the workplace for highly vulnerable workers; fourthly, to provide treatment, care and support services to people living with HIV; fifthly, to ensure safe practices in the health care system; sixthly, to build and strengthen capacity and commitment to lead, coordinate and strengthen a comprehensive response to the epidemic; and, finally, to strengthen the strategic information system to respond to the epidemic.

In addition, sentinel surveillance sites are being set up in which laboratory facilities are available. The distribution of condoms at all health facilities and pharmacy outlets is encouraged as a major preventive measure.

As a small island developing country with a fragmented geography, my country encounters many difficulties in carrying out effective surveillance programmes necessary to explore and understand social and behavioural changes in order to properly monitor the impact of the disease within communities. The lack of human resources needed for the effective implementation of those programmes is another

important obstacle we face. Expertise such as epidemiological skills and specialized counselling has to be made available through training in order to effectively implement national control activities.

Although the Maldives has already eradicated malaria and is on track to achieving Millennium Development Goal 6, we fully understand that the continuing global environmental degradation and climate change can exacerbate vulnerability to such infectious diseases as HIV/AIDS.

Before I conclude, let me reiterate my country's commitment to our common fight against that deadly epidemic. My delegation is confident that this high-level meeting of the General Assembly will prove to be yet another milestone in that fight. The control, treatment and prevention of HIV/AIDS are now accorded high priority in the development strategies of almost all countries. The ambitious course of action that we chartered in 2001 to halt and reverse the epidemic can only be successful if all the peoples of the world — regardless of their social, cultural, religious or political differences — are treated with respect, dignity and equality. The active and dedicated commitment of major stakeholders, including civil society and the private sector, are extremely vital in that regard.

My delegation fully concurs with the view expressed by the civil society representative at yesterday morning's panel discussion, namely, that universal access cannot be achieved without universal treatment. We hope that that will be one of the messages to emerge clearly from this high-level meeting.

The Acting President: I now give the floor to the chairman of the delegation of Suriname.

Mr. Mac-Donald (Suriname): Let me express the appreciation of the Republic of Suriname to the President of the General Assembly for convening this significant high-level meeting.

At the outset, the delegation of Suriname would like to align itself with the statements delivered by the representatives of Antigua and Barbuda and Saint Kitts and Nevis, speaking, respectively, on behalf of the Group of 77 and China and the Caribbean Community.

We feel obliged as well to thank the Secretary-General for providing us with a very informative report (A/62/780) on the progress achieved, which is primarily based on the great number of reports submitted by Member States on their national progress.

The first case of HIV in Suriname was recorded in 1983. The HIV infection rate currently stands at an estimated 1.9 per cent of the adult population. Although data shows that the HIV/AIDS pandemic in Suriname is generalized, sex workers and men who have sex with men have been identified as the populations most at risk. HIV and tuberculosis co-infection is increasingly an area of concern and interventions. In that regard, closer collaboration between the HIV and tuberculosis programmes has been identified as a priority area of action to be implemented shortly.

We share the view that prevention is the most effective way to combat the pandemic. In that regard, I would like to note that a programme was recently launched in Suriname whereby teens would inform their peers about the risks and dangers of HIV. It is believed that the so-called traditional way of adults providing information has not produced the expected results and that hearing the message from young persons could be more effective in inspiring behavioural change.

Suriname has experienced a decreasing trend in the number of new infections, as well as a decrease in HIV-related hospitalizations and AIDS mortality. However, AIDS remains the second-leading cause of death in the 25 to 49 age group.

We are aware that we cannot be complacent and that more needs to be done to stem the tide of this pandemic. Achieving the Millennium Development Goals, and in particular Goal 6, on reducing the burden of the epidemic, requires attention and strong sustained political commitment and leadership. If we are to fulfil the commitments made to ensuring universal access to HIV prevention, treatment, care and support, the international community should significantly scale up its resources and promote the availability of affordable drugs, especially for developing countries.

Suriname stands ready to play its role nationally and globally in the fight against this pandemic, which continues to deplete the productive capacity of our workforce, places a strain on social infrastructure and challenges the commitments made by Governments to meet their obligations with respect to social and economic development.

The meeting rose at 9.15 p.m.